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Original Articles.

ADVANTAGES OF EARLY CORRECTION OF BODILY DEFORMITIES, WITH REPORT OF CASE.[1]

BY J. W. COKENOWER, M.D.,
DES MOINES, IA.

THE first case of tenotomy, for the removal of deformity, was recorded by Tulpius, who mentions Isacius Minius, a Dutch surgeon, who operated for torticollis, or wry neck, in 1685. Other Dutch surgeons have left recorded cases; still the great value of the operation had not been thoroughly understood, for the great surgeon, Boerhaave, and all medical writers of the former half of the eighteenth century, maintained the great sensibility of tendons, and the danger of their section, so that we find De la Tour Diere writes, in 1742, as the closing words of a memoir, "The section of tendons ought, then, to be avoided." Tenotomy, consequently, fell into disuse for nearly a century. However, in 1742, Lorenz performed the first operation for club-foot by dividing the tendo-Achillis.

In 1803, Scarpa invented the first club-foot shoe, and, in 1812, Sartorius performed tenotomy successfully, and ineffectually tried to introduce the operation into Germany. From this date, up to the present time, we are greatly indebted, for the advancement of scientific knowledge and orthopedic surgery, to such men as Sayers, Diefenbach, Little, Price, Wright, Bonnet, Rogers, Richardson, Detnold, and many others, so that this branch of the science of surgery has kept pace with its sister branches.

The importance of the subject no one can deny, who pays the slightest attention to the numerous cases of malformation and deformity which we observe in every-day life. You can scarcely walk a block in this city, or visit any of the smaller towns of the State, without seeing malformed or crippled sufferers, whose countenances bear the impress of mortified pride at their unfortunate condition, frequently connected with expressions of intense pain, produced by their abnormal physical position; hence the paramount importance of this branch of mechanical and operative surgery that gives to the human frame what vaccination has been to the human features. And, as Dr. Sayers so truthfully said, "that the discoveries of Jenner had rid the world of a loathsome pestilence, and banished from our sight those disfigurations which made the most lovely lineaments and complexions hideous to behold, so will orthopedic surgery, by its magic touch, unbind the fettered limbs and restore symmetry to the distorted forms, give mobility to the imprisoned tongue, and directness to the orb of vision." Then, since there is so much importance attached to this branch of science, it naturally behooves the medical profession to look at the subject in its true light, with a view of bringing about the results with the least operative interference, and as speedily as possible.

The first thing, then, to be considered, is what operation will produce the best results, and what mechanical and therapeutical treatment is best adapted

[1] Read before the Iowa State Medical Society.

to the case. The second, and none the less important, step to be taken, is at what age and under what circumstances should the operation be performed.

I think the general practitioner will bear me out in saying that one of the most stubborn obstacles they have to overcome is the tendency among their patients of deferring treatment, and oftentimes not receiving medical treatment and advice until too late. So it has been my experience in orthopedic surgery that patients afflicted with club-foot, talipes, caries, torticollis, spinal paralytic, rachitic, and especially joint disease, so often producing anchylosis, will defer treatment until too late to get satisfactory results from what might have been a successful, satisfactory, and very easy operation, if taken in time. Therefore, my limited experience has taught me, beyond any doubt, that the earlier the operation the better, so long as the life of the patient is not endangered. Especially so in the treatment of talipes, which should be commenced as soon as the child is born. In cases of acquired talipes, the rule is equally important, and treatment should be commenced upon receipt of the injury; for every day, week or month, that treatment is neglected, diminishes the chances of its success when finally resorted to. In congenital talipes, if treatment is begun at birth, we may reasonably expect that, by the time the child is old enough to stand, the feet will be so nearly in the normal position that the attempt at walking will complete the cure, rather than aggravate the case, as it will do when treatment has been neglected too long. In a large per cent. of such cases treated from birth onward, the feet can be made to maintain the normal position without the aid of tenotomy.

I will report one case of congenital talipes varus with subject, selected from a number of operations I have performed, verifying the statements already made.

REPORT OF CASE.

On September 17, 1889, I waited on Mrs. M., residing at 1324 Madison street, Des Moines, Iowa, and delivered her without any trouble or complications, of a healthy girl baby, with typical talipes varus in both feet. The deformity was not a surprise to the parents, owing to similar ones occurring before among their relatives.

About thirty minutes after the child was born, I straightened both feet by manual force, and with the help of a good nurse, applied heavy paste board splints, which held the feet in a normal position until the next day, September 18. I removed the paste-board splints and substituted moulded perforated tin splints. On September 21, I removed the tin splints, and used talipes varus shoes, with steel braces extending to the middle of the thigh. The child wore these braces and shoes until December 1, when an ordinary infant shoe, with a stiff sole and regular weak ankle-brace extending over half way to the knee, was substituted. The little patient has worn these ever since, during the day only, and when not wearing the braces, can hold its feet in as normal a position as any child. The compression made on the muscles by the shoes and straps of the braces, did not interfere with the circulation or growth of its feet and limbs, and a more healthy child was never seen, and a better result could not have been asked for or expected, not even by the use of tenotomy.

HOW SHALL WE REDUCE HIGH TEMPERATURES?[1]

By S. W. MOORHEAD, M.D.,
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ONE of the important questions most frequently presenting itself to the physician in active practice, is how to deal with the febrile process. A rise in temperature above the normal characterizes most of the cases he is called upon to treat, and in not a few the fever is of sufficient intensity to require measures for its reduction. Were the pathology of all diseases the same, or if all antipyretics were alike in action, it would be a matter of indifference what febrifuge were chosen in a given case. But as the pathology is widely different in different diseases, and as the various antipyretics effect their results in ways equally diverse, it follows not only that there is latitude for choice, but also that the remedy should be adapted to the form and character of the disease and the condition of the patient. To point out in a general way some of the indications which it is believed should govern in making such a therapeutical diagnosis, is the object of this paper.

It would be interesting to discuss in this connection the essential nature of fever, but our limitations forbid. The subject is one which has perplexed medical philosophers from Hypocrates to the present time, and until it is definitely and conclusively settled, there must continue to be more or less confusion of terms. One point must be insisted upon in the interest of clearness in view of what follows, namely, that increased heat and fever are not convertible terms. Elevation of temperature, it is true, is an essential pathological condition common to all fevers, but it is only one of many functional disturbances which are believed to be due to a common cause. In addition to rise of temperature, fever is characterized by alteration of the processes of innervation, circulation, secretion, nutrition, and tissue disintegration. Increased heat, in other words, is only a symptom or effect of the condition known as fever, which condition is manifested no less by coincident disturbance of the functions just named. If this view be correct, remedies which simply reduce temperature are not necessarily antifebrile remedies, and the term "antipyretic," as commonly used and understood, is a misleading one. Were fever and elevation of temperature identical, reduction of temperature would mean cessation of the febrile process. But antithermics are not *per se* curative agents of fever; and an "antipyretic," so-called, is, or is not, an antifebrile remedy, according to whether it acts in opposition to fever, or only in opposition to increased temperature. Attention is called to this distinction at the outset, because of the conviction that in the treatment of fever attention should not be confined to the temperature alone, and that in making an estimate of the

[1]Read before the Iowa State Medical Society at Des Moines, Iowa, April 16–19.

comparative value of the different so-called "antipyretics" regard should be had to their several effects upon the nervous, circulatory, nutritive and secretory systems, as well as upon the body heat. It is insisted, therefore, that the heat-reducing agent employed in a given instance shall, if possible, be one which will neutralize or counteract the cause of the fever; or, if that be out of the question, one which will most favorably modify all the disturbances of function resulting therefrom; that whenever possible the antithermic shall be also a febrifuge.

It is obvious that an increase in temperature must depend upon an increase in heat production, or lessened heat loss, or both combined. Antipyretics, accordingly, may be divided into two general classes: (1) Those which lessen the production of heat; and (2) Those which promote the loss of heat. Some, as we shall see, act in both ways.

A lessened production of heat may be effected by interfering with tissue change (*a*) by altering the composition of the blood, and (*b*) by reducing the circulation. Examples of agents lessening tissue change by reason of their effect on the blood are quinine and other alkaloids of Peruvian bark, antipyrine, acetanilid, phenacetine, salicin, salicylic acid and the salicylates, salol, carbolic, benzoic, and picric acids, thallin, chinoline, hydroquinone, pyrocatechin, kairin, kairolin, resorcin, pheno-resorcin, berberin, alcohol, camphor, eucalyptol, thymol, and other essential oils. Many of these, in full doses, have also a depressant effect upon the heart and respiration.

Quinine, in antipyretic doses, interferes with the oxidation process in every part of the body. As an energetic protoplasmic poison, it diminishes the absolute number of white blood corpuscles by interfering with their formation. By lessening the affinity of these corpuscles for the oxygen of the hæmoglobin, it retards their amœboid movements, and hinders their migration from the capillaries. Its action on the red corpuscles is to prevent them from taking up oxygen or ozone; to bind that which they already contain more closely to the hæmoglobin, and to prevent them from giving it up to the tissues. Thus deprived of oxygen, oxidation in the tissues is necessarily imperfect, and the production of heat is lessened to a corresponding degree.

The action of antipyrine, acetanilid, salol, phenacetine, and the other members of the aromatic series of carbon compounds is similar to that of quinine, but not identical. They interfere with oxidation by producing important changes in the blood, different from those of the cinchona alkaloid. As a result of their administration, the red blood corpuscles are altered in form, and the hæmatin is separated from the other constituents. Owing to the lessening in quantity thus produced of the oxyhæmoglobin, and the corresponding formation of methæmoglobin, the "ozonizing" function of the blood is seriously impaired, and nitrogenous metamorphosis, with evolution of heat, diminished. The cyanosis and collapse sometimes witnessed are a result of the partial and temporary disintegration of the red blood globules produced by these agents. If the amount of the drug used be large, disorganization of the whole mass of the blood ensues, and that fluid assumes a chocolate tint.

Chief among the agents which act through the medium of the circulation are venesection, aconite, veratrum, antimonials, colchicum, trimethlamine, chloral, large doses of quinine, and digitalis. With the exception of the last named, these have a depressant action on the intra-cardiac motor ganglia, and vaso-motor and respiratory centers in the medulla. The force of the heart is consequently weakened, the arterioles are dilated, the blood-pressure lowered, and the respiratory movements lessened in depth and frequency. As a result, aeration of the blood is impeded, and less heat is generated. Aconite, veratrum, and trimethlamine also contribute to this end, by slowing the heart through their action on the inhibitory apparatus; while antimony, in addition to its effect on the circulation of the blood, combines with the red blood corpuscles, lessening their oxidizing power. Digitalis strengthens as well as slows the heart, and stimulates the vaso-motors, with consequent rise of blood-pressure. The most plausible explanation of its antipyretic action is, that it lessens tissue change by contracting the dilated terminal vessels. In fever there is partial vaso-motor paralysis, with dilated arterioles, and a low blood-pressure. It is the observation of Ackerman, confirmed by Heidenhain, that as the blood-pressure falls the temperature rises; and that as the blood-pressure rises the temperature falls; that there is, in fact, an antagonism between the temperature and the blood-pressure. If this be true, the *modus operandi* of digitalis is explained.

Loss of heat may be promoted in several ways. Dilatation of the cutaneous vessels, by means of alcohol or the nitrites, increases the bulk of blood in the external cooling area, and thus produces increased radiation of heat. Some valuable experiments, recently performed, show that so great is the radiating power of the skin, that in health as much as 60 per cent. of the heat leaving the body does so by radiation.

Diaphoretics are another powerful means to the same end. To this class belong some of the remedies which lessen tissue change—notably, antipyrine, acetanilid, thallin, kairin, kairoline, phenacetine, and salicylate of sodium. Others have been enumerated above in the list of agents acting on the circulation, as aconite, veratrum, and antimony. The diaphoretic group also includes the nitrites, Dover's powder, ammonium, and potassium salts, jaborandi, warm drinks, the wet pack, vapor and Turkish baths. In addition to dilating the cutaneous vessels, allowing free radiation from the surface, diaphoretics cause a loss of heat due to the evaporation of the sweat. By the conversion of the water into aqueous vapor, a large amount of sensible heat is rendered latent, and the temperature of the body correspondingly reduced. When it is remembered that five and one-half times as much heat is required to convert boiling water into steam as is required to raise water from the freezing to the boiling point, the amount of heat abstracted from the body by the evaporation of the

perspiration will be readily conceded to be very great. Inasmuch as during the active stage of fevers the cutaneous surface, as well as the mucous membrane lining the whole extent of the respiratory tract, is drier than natural, it is highly probable that the elevated temperature, in many cases, is due quite as much to lessened exhalation of aqueous vapor, and consequent retention and accumulation of heat in the body, as to increased activity of molecular changes in the tissues. Diaphoretics restore the lost balance between heat production and heat loss, and are, therefore, a rational, as well as a powerful, means of reducing high temperature.

Diuretics, as well as diaphoretics, are true physiological antipyretics. The kidneys are the chief organs by which the system excretes the products of tissue change. In fever, the tendency is for them to become inactive, while at the same time the work required of them is increased. By the administration of diuretics their excretory activity is heightened, waste material resulting from the disintegration of nitrogenous tissue is eliminated, and the system rid of one of the chief elements in maintaining the febrile condition.

Still another method of increasing the loss of heat is its direct abstraction from the body by means of wet packing, cold sponging, and tepid or cold baths. Ice and cold fluids taken into the body destroy or neutralize a certain amount of heat, and, in doing so, aid to reduce the body temperature. The application of cold in the treatment of febrile conditions dates back to antiquity, and is an effective, speedy, and sensible plan of getting rid of superfluous heat. With proper precautions it is also one of the safest methods of combatting fever. One great advantage which it possesses over the chemical antipyretics is, that it is an antifebrile remedy, while they are simply antithermic. The reduction of temperature is but one of the results of hydriatic treatment of fever. Its effects upon circulation, innervation, nutrition, tissue metamorphosis, and the other physiological functions which are disturbed by fever, are not less important than the lowering of the temperature. It is undeniably tonic to the nervous system, including the brain, and counteracts the muttering delirium, carphologia, and other evidences of nervous depression. It does not impair the oxygen-carrying power of the blood, nor is the composition of that fluid altered in any way, except as the result of improved digestion and assimilation of food, and an increased secretion of urine. It temporarily restores circulation and respiration approximately to the normal. As a result of the hydriatic treatment, the cardiac action becomes stronger, slower, and more regular; the tension of the blood-vessels is increased through stimulation of the vaso-motors; respiration is deepened and slowed; all the secretions are increased; appetite and digestion are improved; the whole system is refreshed and invigorated, and the patient fortified against the danger of inanition and adynamia. It follows from this that a high temperature is not the principal, and by no means the only, indication for hydrotherapeusis in fever. All the physiological disturbances are favorably modified by it; the tendency to complications is lessened, and the chances of recovery promoted.

From the foregoing review of the manner in which the several classes of antipyretics produce their effects, some conclusions are possible as to the indications and contra-indications for each. In the continued fevers which tend directly to debility or functional impairment—as the typhoid group—the chemical antipyretics should not be used, except, possibly, as a last resort. There are several reasons for this belief. Good authorities now hold that the elevation of temperature, when within the usual bounds of typhoid fever, not only does not endanger life, but may be a wholesome reaction against a *materies morbi;* that febrile heat is a sanative power by which the body consumes and destroys a virus or germ it could not directly eliminate. However this may be, it is indisputable that the deaths from typhoid do not correspond absolutely to the height of the fever. Prof. Welch, of John Hopkins' University, in his Cartwright lectures on the pathology of fever, has quite clearly shown, from both experimental and clinical data, that high temperature is not the chief determining cause of fatality in typhoid; that failure of the heart's power is less an effect of high temperature than of other concomitant conditions; that infection and ptomaine intoxication resulting from it are chiefly concerned in the production of fatty degeneration of the heart; that the disturbances of the sensorium, which constitute so prominent a part of the group of so-called typhoid symptoms, are also dependent, in a far higher degree, upon infection or intoxication, than upon the heightened temperature, and that the lessened perspiration, the renal disorders, and the digestive disturbances—with the possible exception of constipation—are referable likewise to other causes. In these conclusions, other eminent authorities coincide. The chemical antipyretics being simply antithermic, are therefore unnecessary in typhoid, except, perhaps, in very rare instances. Again, as is well known, the quality of the blood in typhoid is seriously impaired. Not only does it contain the products of tissue waste in abundance, but it is deficient in its nutritive and formative constituents. The red corpuscles are deficient in oxygen-carrying power, and are disposed to disintegrate. The antipyretics in question lessen the quantity of urine and the amount of urea, uric acid, sodium chloride, phosphoric and sulphuric acid excreted, thus favoring an accumulation of effete and toxic matter in the blood, and coincide with the disease in tending to destroy the red blood globules. They likewise coincide with the disease in their effects on the nervous system, and tend to the production of destructive parenchymatous changes in the liver and kidneys. Consequently, they are positively harmful, as well as unnecessary, in typhoid. It is owing, no doubt, to the fact that the chemical antipyretics and the specific poison of typhoid have a like action upon the integrity of the red blood corpuscles and upon the kidneys, that toxic symptoms are developed more frequently from the administration of these agents in typhoid than in any other disease. Another objection to their use is the fact that succeeding the tem-

porary fall produced by their action, the temperature frequently rises higher than before. It is not claimed for them, by any one, that they shorten the duration of the fever, while under their use the mortality—as shown by statistics—has markedly increased. Further proof of their inutility and harmfulness in this disease would seem to be unnecessary. A careful review of their action and its effects must inevitably lead to the conclusion of Brand, that the only advantage to be derived from them in typhoid is, that the patient is able to die with a nearly normal temperature.

For reasons already stated, diuretics and hydrotherapeusis would seem to be preferable to other means in the treatment of grave cases of typhoid. Quinine does not favor the excretion of the effete products of the system, and unless a malarial element be present, it has little, if any, value in large doses, except to lower the temperature. If unabsorbed from the stomach, as sometimes happens when given in solid form for an antipyretic effect in typhoid, it passes down through the intestine, and is likely to increase diarrhœa by its irritant effect upon the ulcers present. When absorbed, it adds to the effects of the fever by its action on the blood, the heart, the respiratory and vaso-motor centers, and the sensorium.

Chloral, aconite, veratrum and antimony are too depressing to the heart.

It may be admitted that there are objections to sponging or the bath treatment, but they do not outweigh its advantages. Like all other powerful and valuable remedial measures, it requires the exercise of judgment in its use to adapt it to the condition of the patient and the stage of the disease. It is an annoyance to the patient, and is less convenient than the expectant plan of treatment, or the administration of the coal tar products. Popular prejudice is also against it, but it is confidently believed that with clearer views of the pathology of typhoid and other adynamic diseases, and of the ends to be accomplished in their treatment, this plan will obtain more and more. With our present light on the subject, but one better thing can be suggested, to wit: a special antipyretic to antidote the specific cause. In the absence of this, sponging or the bath treatment must continue, for the present, at least, to yield the most triumphant results.

In the periodical group of fevers due to malaria, quinine, as all will admit, is the antipyretic *par excellence*. It is a positive antidote to the malarial miasm, and destroys or removes from the system the exciting cause of the disease. The cause having been removed, the resulting functional disturbances subside. Quinine is in such cases an antifebrile remedy as well as antithermic, and should be used to reduce high temperature caused by malarial miasmatic poison in preference to anything else.

High temperature due to rheumatism is probably best controlled by the coal-tar derivatives. Their beneficial effects are seen not only in reduction of fever heat, but also in relief from the articular and muscular pains, and in subsidence of the local swelling. Statistics would seem to show that they do not materially shorten the disease, and therefore lack the specific power which quinine has over the paroxysms of ague. But they control better than any other antipyretics the manifestations of the disease, and contribute more largely to the comfort of the patient. Occasionally they fail to relieve hyperpyrexia, when quinine may be given, or baths employed. In this disease the conjoined administration of alkaline diuretics, as all are aware, has a most salutary effect.

As compared with each other, salol stands first of the chemical antipyretics in point of safety. Though slower in its action than some of the others, it is quite as efficient in many cases, and produces less injurious after-effects. Antipyrine is prompt in action and less toxic than any of the others of equal power, except salol. Acetanilid more seriously affects the composition of the blood, and the same is true of phenacetine, which is closely allied from a chemical standpoint. Thallin, kairin, hydroquinone and resorcin should not be used. In small doses they exert a destructive influence on the red blood corpuscles, sufficient to condem them, and in doses only slightly larger than are sufficient to lower temperature they cause heart paralysis.

The initial high temperature of sthenic pneumonia is combatted most promptly and effectively by venesection or a full dose of quinine. Both reduce and equalize the circulation, which is all-important at the outset. During the first stage, the condition of the pulse is a better guide for the administration of remedies than the thermometer. Quinine is to be preferred to aconite, veratrum and other heart depressants, at the beginning, because it acts more promptly when not a moment is to be lost, and because also of its effects on the movements and migration of white blood corpuscles. For the latter reason also it is to be preferred to the chemical antipyretics, which are destitute of such power. When given early enough, it is the common experience that a proportion of cases are aborted as a result.

At the beginning of local inflammations quinine given with or followed by aconite, veratrum or other cardiac and vaso-motor depressants, is admirably calculated to meet the pathological conditions present.

Fermentation in the intestinal canal is sometimes a cause of high temperature. In such cases salicylic acid, salol or naphthalin would seem to be specially indicated for reasons apparent to all.

If there is any agents capable of destroying or neutralizing the specific contagium of the eruptive fevers, it remains to be discovered. In its absence, the best method of reducing temperature, lessening excitability and restlessness, and promoting normal actions in the system, particularly in scarlatina and rubeola, is the application of water to the surface of the body, with the administration of diuretics and diaphoretics internally. The chemical antipyretics produce no appreciable improvement aside from the reduction of the temperature; they cause retardation of the excretory functions; neither prevent nor modify the ordinary syndromes and complications of the eruptive diseases, and prolong rather than shorten their duration.

It is to be hoped that the time will come, when we shall be able to combat each fever with directly spe-

cific weapons. Until then let us be careful to make as intelligent choice as possible of the means at our command. If we cannot destroy or neutralize the cause of the disease, let us at least avoid hampering or disabling the system in its struggle for life.

DOES MODERN PRACTICE OF PHARMACY SATISFY THE REQUIREMENTS OF MODERN THERAPEUTICS?

By FRANK WOODBURY A.M., M.D.,
Fellow of the College of Physicians, Philadelphia; Hon. Professor of Clinical Medicine in the Medico-Chirurgical College, etc.

THE general adoption of antiseptic methods in surgery has brought a complete revolution in the surgeon's armamentarium, and has rendered obsolete many instruments, that were in daily use only a few years ago, and modified the construction of others for all time to come. It may be profitable for us, for the moment, to turn aside from our usual discussion of clinical and strictly scientific questions, in order to consider the demands which modern medical science may make upon the physician in a similar direction, that is to say, with regard to *his* tools; for the remedies which he daily employs in the treatment of disease are the tools of his handicraft. It is a trite observation that every workman requires good tools, in order to do his best work. If his work is inferior in quality, the fact that he used poor tools will not excuse him to his patrons. He is held responsible for, and is judged by, his results, and failure will be attributed to lack of ability or practical skill. It is therefore the duty of every master workman, to see that his tools are of good quality and that they are in perfect order. In like manner, every physician engaged in the active duties of his profession, should personally acquaint himself with the quality and character of the pharmaceutical preparations, which he administers to his patients, and assure himself of their physiological activity and therapeutic value. If he is careless in this respect, so that his patient by his negligence is debarred from the benefit which he would have received in case the drugs were of good quality, or he is injured by using a poor article, which has been supplied in place of the genuine and unsophisticated one, then a large proportion of the blame for this must rest upon the physician—he cannot evade his share of the responsibility.

I need hardly say that I shall not denounce individuals for the fault of a system, nor presume to make charges of venality and dishonesty indiscriminately against the entire class of drug purveyors and retail pharmacists. This would be doing a great wrong. I have the honor of the acquaintance of some of them in this city and in other cities, who are reputable and upright in all their dealings, both with physicians and the public, and, in fact, in every relation in life. They would adorn any station, and are the peers of men of any profession. At the same time, I do know apothecaries, and hereabouts they dwell, who do not have such exalted aims, and whose sole object appears to be the making of money, and who, in their confidential moods, freely state that they are in business for this purpose only. Now, I do not say that it is necessarily wrong in theory or in practice to make money by any honorable calling—and the calling of the apothecary is both ancient and honorable—but my contention and claim is this: in the case where honest dealing conflicts with self-interest, principle must not be allowed to suffer in order to put money in anyone's purse. If the business principle of buying in the cheapest market and selling in the dearest is adopted in conducting a drug business or pharmacy, and simply means buying the best goods of standard quality at the lowest market price, and charging the public a fair profit for them, certainly no one will question the right of the retail druggist to exist. But if it means buying the refuse of the market at low prices, ground drugs which would be unsalable in any other form, or elixirs, fluid extracts and tinctures, the crude materials of which, if of good quality, could not be bought for the price of the finished product—then every one, patient, physician and honest pharmacist, is interested in seeing that such pharmacy should not exist. From the reports of Committees on Adulterations of various pharmaceutical associations and State Boards of Health, the truth of the statement that such falsification and fraud, as I have just indicated, not only exists, but thrives, is fully demonstrated. It grows fat upon the ignorance and recklessness of a public accustomed to extravagant living; and the medical profession—I say it with regret and reluctance—has been grossly negligent in a matter closely affecting its own vital interests, and likewise the welfare of the public which it has in its keeping.

I say nothing at present of the enormous trade in so-called patent medicines, tons of which are daily sold at extortionate prices in retail drug stores, all over this country, causing irreparable injury to legitimate medical practice, scientific pharmacy, and the public health. I know that there is money to be made by pandering to the general craze for taking medicine, and by fostering the credulity which greedily devours patent medicine advertisements and refuses to learn by experience that there is no royal road to health. There is millions in it for the newspapers, for the proprietors, for those who act as agents for the manufacturers, and last, but not least, for those druggists "who make more money out of proprietary remedies than they do from their prescription counter."

But the question comes up, do we do right by encouraging and assisting to support such a class of druggists? The pharmacist is supposed, as a dealer in medicines, to be able to know the true from the false, and the good from the bad. I believe firmly that if the favor and aid of all respectable pharmacists were withdrawn from the patent medicine business, it would fall into disrepute, and no one can doubt but that there would be a tremendous shrinkage in the quantity sold. The average apothecary, then, aids and abets imposition and extortion, by acting as agent for manufacturers of nostrums, the demand for which is created by fulsome advertisements in the public prints, and sustained by the apparent endorsement of respectable pharmacists.

My motive in writing this is to declare boldly that for the acknowledged evils which exist in connection

with the preparation and dispensing of drugs, physicians themselves are very largely (though perhaps indirectly) responsible, and that the remedy for these evils is in their own hands. I asked a physician in large practice, in this city, if he ever instructed his patients to go to special places for their medicines, and he replied that when his patients asked him this question he always told them that they could get the prescription filled anywhere. I believe that this indifference either betrayed great ignorance, or a desire to escape from the charge of collusion with the druggist—a practice which is neither honorable nor honest, because it always leads to overcharging the patient—but although such delicacy may be understood, yet it becomes culpable if it leads to the neglect of the more important interest of the health of the patient.

My object is to urge physicians to make the personal acquaintance of druggists doing business in their vicinity, and to discriminate between the honest and qualified pharmacist and the mere pill-peddler. By so doing, he will assist the real pharmacist in his fight with the patent medicine and cut-rate drug-stores, and thus advance legitimate pharmacy at the same time that he will protect his own reputation and the best interests of his patients and of the community at large. We are often disappointed in getting results from our treatment, and we may feel morally certain that it is the fault of the druggist, who has supplied a worthless preparation in place of the active agent we ordered, but we hesitate about denouncing the individual who dispensed the drug, and content ourselves with writing another prescription, to be obtained from a druggist whom we know will dispense reliable preparations. It is within the experience of every one, that under such circumstances, the preparation sent in the second instance is quite unlike the first in physical character and physiological effect. Suppose that it had been the other way, and the patient, disappointed in not receiving the relief that he expected, had blamed the doctor and dismissed him. Would this not interest us as physicians? Is this also not within the experience of some of us?

To be brief, I would answer my own query, and say that modern pharmacy does, and does not, satisfy the demands of modern therapeutics; and that wherein it comes short it is a great part the fault of the physician. I hold it to be the duty of every physician who buys pharmaceutical preparations, either directly, or indirectly through the medium of a written order (*i. e.*, a prescription) to verify the quality of the articles which are supplied. He should allow no selfish consideration, or mistaken and morbid sentiment, to prevent him from directing his patient to go to a particular place, or to purchase the make of a particular firm, in order to make it certain that he should receive the exact article which was prescribed, and combined *secundum artem*. In some cases, it is of such importance that the physician should himself obtain and administer the agent, in order to save human life and suffering. The good of the patient is admittedly his first consideration, and no amount of trouble should be spared if necessary to secure it. I believe that if this plan is followed systematically and strictly, the dishonest and unworthy druggists will disappear by the law of natural selection.

We are now about to have a decennial revision of the United States "Pharmacopœia," a work, the importance of which should be recognized by every physician. Owing to circumstances which we need not discuss at present, the task and responsibility of the work of revision of the "Pharmacopœia" has fallen, to a very large extent, upon the pharmaceutical branch of medicine. The idea, indeed, seems to have grown up among certain circles that physicians have no interest in the "Pharmacopœia," and their voice should not be heard in the matter of revision; that no one but the pharmacist should be consulted in the work. In my opinion, nothing could be farther from the truth. The "Pharmacopœia" prescribes the standards of quality and activity of drugs and preparations, and directs which shall be kept in the shops. It may be incidentally mentioned that the object of keeping such remedial agents in the shops, is not to gratify the æsthetic sense of the pharmacist, but in order that they may be prescribed and used by the physician. The latter, therefore, it seems to me, has a more direct and vital interest in the "Pharmacopœia" than the former.

Amid all the errors of so called dosimetry, chiefly due to the efforts of enthusiasts to make it a complete system of medicine, it must be admitted that it was based upon a legitimate demand of science for exactness of dosage. Those who have given any thought to the subject and investigated the question are aware that there is a remarkable and altogether discreditable lack of uniformity in preparations having the same pharmacopœial name and formula, when bought at different retail druggists. We also know that the fluid extracts, tinctures and crude drugs, as supplied by different pharmacists, vary greatly both in price and in therapeutic action. In illustration, I may refer to the following assays of crude drugs given me by my friend Dr. H. H. Rusby, of Columbia College, New York:

MINIMUM AND MAXIMUM ACTIVITY OF CRUDE DRUGS, BASED UPON ASSAYS CONDUCTED IN THE ANALYTICAL DEPARTMENT OF MESSRS. PARKE, DAVIS & CO., DETROIT, MICH.

Name of Drug.	No. of Specimens.	Minimum Strength.	Maximum Strength.
Aconite root	23	1 : 400 physiological test	1 : 800.
American hellebore	11	10 grms.=1.5 c. c. N‖20 Mayer's	16 c. c. Mayer's.
Belladonna leaves	22	0.2 per cent. atropine	0.69 per cent.
Belladonna root	26	0.53 per cent. atropine	0.74 per cent.
Cinchona calisaya	6	2.2 per c. total alkaloid	5.1 per cent.
Cinchona red	5	5.2 per c. "	9.8 per cent.
Coca leaves	8	0.46 per c. cocaine	0.75 per c.
Colchicum root	11	0.5 p. c. colchicine	0.84 per c.
Colchicum seed	10	0.4 per c. colchicine	1.06 per c.
Gelsemium root	10	10 grms =5.7 c. c. Mayer's N‖20	9.7 c. c.
Henbane leaves	14	10 grms.=2.2 c. c. Mayer's N‖20	4.4 c. c.
Ipecac	8	2 per c. emetine	4.1 per c.
Nux vomica	9	1.1 per c. total alkaloid	4.86 per c.
Stramonium leaves	15	0.21 per cent. total alkaloid	0.5 per c.
Stramonium seed	5	0.4 per cent. alkaloid	0.6 per c.

Modern therapeutics rates the value of a remedy according to the proportion of its active principle, if this has been isolated, or, in other words, upon its physiological activity. If crude drugs vary in their proportion of content of active principle, as we know they always do, then science requires that a greater or less proportion of the drug should be used in making the various pharmaceutical preparations, in order that there should be uniformity of product. For example, that one minim or one drachm of tincture of

opium or of nux vomica, or of the fluid extract of ergot, should represent a certain amount of active principle in each case, so that we can rely upon always obtaining from their administration effects proportionate to the dose. All of our works on therapeutics are based upon the hypothesis that this is now the practice and that drugs are uniform in quality and in composition. This is a consummation devoutly to be wished, but, unfortunately, we are still far from its attainment. The pharmacopœia should be made to throw the whole weight of its influence in the scale of scientific medicine, by requiring the standardizing of pharmaceutical preparations. Medicine can never assume the dignity of a science until precision in diagnosis, and skill in recognizing the appropriate remedy, is supplemented and accompanied by exactness of dosage and absolute reliability and integrity of remedial agents. I believe that this is perfectly feasible and can be accomplished. The first step, in my opinion, towards its accomplishment, will be taken when the representatives of practical medicine and pharmacy will agree to labor together harmoniously for the protection of the public against impure and adulterated drugs; and will devote the amount of consideration to the revision of the pharmacopœia which its importance demands. By so doing they will secure for the people of this country not only the best pharmaceuticals but also ensure their uniformity in every drug shop in the land. When this takes place, pharmacy will fully satisfy the requirements of modern therapeutics, but not until then.

218 S. 16TH ST., PHILA.

SYNOPSIS OF REPORT OF THE CONTINUED FEVERS IN ALABAMA.

BY JOHN P. FURNISS, M.D.,
SELMA, ALABAMA.

THIS report is based on replies to three hundred circular letters issued to the presidents, health officers and other members of every medical society in the State. The letters contained the following interrogatories:

1. To what extent have these fevers prevailed in your section, and what has been the type of them?

A. The prevalence of these fevers lately has not been so great as formerly. The period of greatest prevalence was 1881, '82, '83, and '84. The largest number of cases occurred during the months of May and October.

2. If more than one type, how do you class them?

A. They are variously classified as typho-malarial, continued-malarial, simple continued with typhoid complications, enteric, typhoid, and a fever that is neither malarial nor typhoid. The majority call it typhoid, and it is a notable fact that those who entertain this opinion are the residents of towns and cities, and are among the senior members of the profession.

3. What is the clinical history of typical cases?

A. After reading the clinical history of typical cases, one can but be impressed with the fact that, by whatever name the different reporters call them—or rather it—they all describe a disease which has the same symptoms, the same duration, and are influenced by the same therapeutics. The statement that "There is nothing in a name" is a great fallacy. The majority of intelligent patients are sufficiently educated as to know that in certain well-recognized diseases special dangers are to be avoided, and particular precautions are to be observed. When the patient and his friends know the character of his complaint he and they can co-operate and assist the physician in a variety of ways.

4. Have autopsies been made in any of your cases, or those within your knowledge? If so, what lesions have been observed?

A. Only three replies state that autopsies have been made, and in each instance the characteristic lesions of typhoid fever have been observed. Other reporters, who have observed the same fever in the hospitals of New York, in other States, and in other countries, state their belief that our continued fevers are typhoid.

5. In your opinion, how do these fevers originate, and how are they propagated?

A. A variety of opinions are entertained as to their origin. Some hold that they are of malarial origin, some that they are caused by decaying animal and vegetable matter, and some by germs peculiar to the disease; while others believe that they originate de novo, and in disregard to all known sanitary laws. The majority believe that they are propagated by the cause which produces them.

6. Have you met with cases of intestinal hemorrhage? If so, what percentage of causes, at what period of the disease did it occur, and what was the result?

A. Intestinal hemorrhage has been met with once in fourteen cases. Occurring in the first week, and when slight, it seemed to exercise a beneficial effect on the disease. The majority of cases occurred at the end of the second or during the third week. It was fatal in 66 per cent. of cases. Even those who call these fevers malarial take precaution to avoid hemorrhage.

7. Do you consider these fevers contagious?

A. Some reporters state that typho-malarial and continued malarial fevers are never contagious. Others think they are through infected clothing, contaminated drinking water and dejecta. Those who think they are communicated by continued exposure, adduce instances where other members of the family and the nurses take it, when physicians and visitors do not, as a rule.

8. What treatment has been most successful?

A. All reporters have observed the inutility of quinine to abridge the duration of any of the continued fevers, no matter by what name they are called, and all avoid purgatives after the first week. The treatment adopted by the large majority have been practically expectant, with what is claimed as a judicious use of antipyretics, especially antipyrine and antifebrine. Not a single reporter mentions having tried the treatment of Brand, which has been so enthusiastically recommended and lauded by Dr. Simon Baruch, of New York, and favorably spoken of by Dr. Loomis. Brand's success is marvelous, and he claims to have lost only one out of three hundred and forty-two cases.

All replies show that strict attention is paid to diet, and that the mortality has been light, except at Thomasville, in Clark county, where eleven out of thirteen cases died last year.

I have adopted the rule of not allowing solid food for ten days after the temperature had reached the normal point, whenever there *had* been any enteric symptoms.

SYPHILIS AND MARRIAGE.[1]

By PROF. FOURNIER,
HOSPITAL SAINT LOUIS.

AMONG the questions which treat of this problem of which I have already spoken to you on several occasions, I will to-day consider the following:

Husband syphilitic, wife syphilitic and pregnant.—A man syphilitic is married prematurely; he infects his wife, and she becomes pregnant at the same period. What shall be our advice?

We have here all the difficulties combined, and the situation is grave. The prognosis is especially serious for the child. He is destined to die before birth, or to be born moribund, or to die a short time after his birth, or, finally, to live, but to suffer from syphilis.

The situation, grave as it is, is not absolutely without hope—neither for the present nor for the future. As regards the future, if the parents follow a rational treatment, a happy conclusion may result. As regards the present, the child is not fatally condemned:

1. Because, thanks to treatment, you can, but not always, it is true, prevent abortion. The child will be syphilitic, it is true, but it will be viable.

2. Because, in more fortunate cases, you can, thanks to treatment, have a *healthy* child. This is rare, but it is not impossible. One of my patients, contaminated by her husband, became pregnant five months afterwards. I saw her in the second month of her pregnancy, suffering from secondary manifestations. The child was born *healthy;* he is now five years of age, and has not as yet showed any symptoms.

M. Langlebert reports a similar observation; that of a woman who, at the third month of her pregnancy, presented symptoms of a severe syphilis. An appropriate treatment was instituted; the pregnancy followed its course, and the birth of a healthy girl resulted; the child is now two years of age, and has never had any syphilitic manifestations.

Now, as to the *indications*. We will treat the husband; that is self evident. For the wife, what shall we do?

I do not hesitate to reply: *we must treat her*. This reply, thirty or forty years ago, would have appeared to be heresy. Syphilitic women were then refused treatment in the course of their pregnancy, and we were given the following reasons:

1. That mercury would produce gastric troubles, increase the vomiting to which pregnant women were subject. This, it is true, could occur in grave conditions.

2. That mercury would produce anemia in the pregnant woman, and increase the hydræmia which does in fact exist in pregnancy.

3. It would produce abortion.

Let us examine these divers points:

It is easy to give mercury in a manner to avoid gastric troubles. We will choose the form which least disagrees with the stomach. We will prescribe neither the liquor Van Swieten nor the syrup of Gilbert, of which the taste is most disagreeable. We will choose a medicament which will be more easily tolerated, the proto-iodide, and that in a dose which will not offend the stomach: 0 gr. .03, 0 gr. .04, 0 gr. .05. If this is well tolerated, we will progressively increase the doses; we can, at any rate, add a little opium as adjunct, and prescribe conjointly wine of gentian, and coffee, which aids the digestion of the mercury.

And if, notwithstanding, the stomach is too rebellious, we will always have a great resource: the mercurial frictions, of which we make great use of here, and from which the German accoucheurs have obtained the best results.

2. The anemia produced by mercury is an objection altogether theoretical, and contrary to experience. Here, where we give mercury systematically, we have never seen the production of this anemia. It has been said, on the contrary, and with justice: "Mercury is the iron of the pox."

3. The mercury produces abortion. Leaving aside the mercury employed professionally, and which, in certain working girls, has frequently produced abortion, we have to deal here with mercury in therapeutic doses.

You will be confronted with cases and figures: of so many syphilitic women taking mercury, so many (and the number is notable) have aborted.

But, gentlemen, there is here a fault in logic. It is not the mercury which produces the abortion; it is the syphilis.

I prove it:

1. Quantities of syphilitic women abort without ever having swallowed an atom of mercury.

This occurs in the unrecognized syphilis, and consequently non-treated: the abortions are then so frequent that they may be said to be the rule.

2. Quantities of syphilitic women, having had a series of abortions, will not carry a pregnancy to term unless they are treated with mercury.

I may add that, at the present time, we are in accord on this point. I am assured that all the accoucheurs in our hospitals give mercury in similar cases.

The treatment should be continually administered during the course of the pregnancy, with several intervals of rest.

A question instinctively allied to the preceding will now occupy us.

I am about to speak to you of a veritable social duty which is imposed upon the physician, who should be the zealous guardian of the public health.

The child which will be born of this syphilitic couple will almost certainly be syphilitic. And a syphilitic child is a powerful means of contagion.

[1] Translated by A. E. Roussel, M.D., Demonstrator of Physical Diagnosis and Clinical Medicine, Medico-Chirurgical College; Physician to the Southwestern (Bethany) Dispensary, etc.

What will happen if this child is placed in the hands of a (wet) nurse?

He will certainly contaminate her. And now think of the *ricochets* of this contagion which may be produced, and which I have named the *cascades de contagion*. This child may first cause the contagion of his surroundings: grandparents, nurses; as to the nurse, she is liable to infect her husband, her own child, other children to which she may accidently have given the breast, etc., etc.

I have in my notes numerous examples.

A young man infects his wife, who gives birth to a syphilitic child. The child infects the nurse. This one infects her own child; then another child to whom she has accidently given the breast; and lastly her husband: total, four contaminations.

There are cases still more serious. A child infects his nurse; she infects another child; then a third; a friend of the nurse gives the breast to one of these nourrissons and contracts syphilis. She infects in her turn another child. Total, five contagions, and of the above, two children succumb.

Tron (of Lyon) reports that a nurse infects three children, who each infect their mothers. The three mothers in their turn infect their husbands. Total, ten contaminations.

There has thus been veritable epidemics of syphilis imported into villages by a syphilitic infant. In one case mentioned there occurred twenty-five contaminations.

These cases of syphilis, in the country, have almost always been unrecognized; thence occurs the gravity of the case. No treatment follows, and the patients may succumb or become subject to serious accidents. The following are examples:

A child contaminates the nurse, who infects her husband. This one is not treated and acquires a grave iritis; then follows the loss of the eye. The wife, several years afterwards, has a syphilitic paralysis, symptom of celebral syphilis, and succumbs.

Another case: A nurse is contaminated and infects her child, who is not treated, and dies in several months. One year later she gives birth to a child who dies in two months.

It is the physician, who knows all these horrible dangers, who should use every means to prevent them.

In this end there is but one kind of means, it is that this child, dangerous for all the world, should remain under the parental roof, and that it *should be nourished by its mother*. We should, a short time before the accouchment, advise the husband, who, may in fact, perfectly ignore the danger; we must inform him as to all that might happen, the dangers of contamination to which the nurse would be exposed, and the serious consequences which may result—recrimination from her, scandal, and perhaps a law-suit. All this, you will tell him, may be avoided by causing the mother to nurse the child. Consequently, if she is desirous of so doing, we must encourage her. If not, we must bring it about by persuasion.

Be persuaded that the husband, whom you have thus frightened, will second your efforts.

Several objections may, perhaps, arise in your mind. If the mother is healthy, will she not become contaminated by the infant? If, on the other hand, the child in healthy and the mother syphilitic, will not the mother infect her child?

Let us examine this question in detail. There is but four situations possible, and it is impossible to imagine others.

1. Mother healthy; child healthy.
2. Mother syphilitic; child syphilitic.
3. Mother healthy; child syphilitic.
4. Mother syphilitic; child healthy.

In the first case, no danger either for the mother, or for the child, as both are healthy.

In the second it is the same, these two syphilitics have nothing to fear from each other.

The third case, on the contrary, is worth study.

Will not this syphilitic child infect the healthy mother? We could think so *a priori*. But, gentlemen, there is nothing in it. You will recollect, perhaps, that *law of Baumès*, of which I have often spoken to you: *Never has a syphilitic child been known to have infected its mother*. It is because this mother, healthy in appearance, is syphilitic in reality. *She has a latent syphilis.*

Well, gentlemen, it is the same thing in the fourth case, we have now to examine. Here again the *law of Baumès* finds its application: *The syphilitic mother does not infect her healthy child;* and this, from the same reason. This child, healthy in appearance, is *syphilitic in reality*. And I will add, besides, that if we were not satisfied in these last cases, as we are by experience, our conduct should not differ. The maternal nursing would still be imposed, as we have not the right to dispose of the health of others, and to expose a strange woman to an almost certain contamination.

In case of any hindrance to the maternal nursing, he will have recourse to an animal, ass' milk, for example.

Gentlemen, thanks to these views, it will be possible for you to fulfil a veritable social duty, that of combating syphilis and confining it within limits, of possibility.—*La France Medicale.*

THE DESTRUCTION OF OUR FORESTS THE CHIEF CAUSE OF THE FLOODS THAT HAVE DEVASTATED OUR COUNTRY.

By C. F. ULRICH, M.D.,
WHEELING, W. VA.,
A. A. Surgeon, U. S. Marine Hospital Service.

OUR country has lately been ravaged by extensive and disastrous floods. The great flood of the Ohio Valley in 1884, with its attendant destruction of property, and, in many instances, of life, will long be remembered. The subsequent overflow of Wheeling creek and other streams, with the wholesale destruction of bridges, carrying away of houses, and the drowning of entire families, will not soon be forgotten. But the climax to this series of calamities was reached by the horrible disaster at Johnstown in 1889, the horrors of which will be related in song and story long after the present generation shall have been laid in the dust. The question naturally arises:

'Must these things be? what is their cause? and can they be prevented?"

There are, no doubt, various causes working together to this end, the discovery of which requires a thorough knowledge of meteorology, which the busy practitioner is unable to attain, and which must be left to the special student of that department of science. But there is one cause, in my opinion the chief one, that lies near the surface, and that every one, learned or unlearned, can easily understand. It is the wholesale destruction of forests, as it has been practised for the last hundred years. This cause has been recognized in Europe, and is well understood there, as shown by the forest laws and the care taken of the original forests, as well as the continual planting of new ones. This is not only a cause of floods, but also of their opposite, of droughts, the two complementing each other. It has often been remarked that floods and droughts are of much more frequent occurrence now than they were in the earlier history of the country, and surprise has been expressed at this fact. Our rivers, in former times, afforded a highway for thousands of boats, great and small, being navigable the greater portion of the year. Now, we either have the channels so shallow that no boat of any size can run, or the stream overflows its banks and cannot be satisfactorily used on that account. The principal reason of this difference is the reckless and wanton cutting away of the forests that once covered our land.

Let us see how this cause produces such disastrous effects. When the rain falls upon a dense forest, a large portion of it is retained by the foliage, which prevents it from reaching the ground so rapidly as it does in an open country. We all have experienced this when, caught by a sudden shower, we made for the nearest large tree that was in sight, and took refuge under its spreading boughs, where we were comparatively safe from the rapid gush of waters. The ground, protected by trees with heavy foliage, is soft and spongy, rendered more so by the annual fall of leaves, which decay and combine with the soil. Now, when a heavy rain falls, it is first delayed, as I have stated, by the foliage, so that it does not come down with such force and rapidity, but strikes the ground softly, enabling the spongy soil to absorb a large portion of it and give it off gradually. This finds its way into the streams with sufficient slowness to enable the stream to carry it off without overflowing the banks. For we all know that streams overflow, because the water rushes into them faster than it can be carried off. On the other hand, denude a certain extent of country of its forests, and the ground is baked hard on the surface by the heat of the summer sun. When the rains fall with force and in large quantities, the water rushes with tremendous rapidity down the denuded mountain sides, washing deep gullies as it goes along, carrying with it whatever there may be of soil, which is no longer held together by the roots and radicles of the trees, depositing it in the valleys or carrying it to the mouths of the large streams, thus obstructing navigation.

Let us take, for example, the great Ohio Valley, in which we are all so much interested. Suppose, instead of the wholesale destruction of forests which has been practiced for the last hundred years, the valleys and hilltops only had been put in cultivation, while the steep hillsides had remained covered by the original forests, only the largest trees being cut out as the timber was needed, or those beginning to decay removed to make room for the young and vigorous trees to grow and spread out. What would be the condition of things at the present time? The country would present a more beautiful appearance; the climate would be more equable; there would not be such extremes of heat and cold; our spring rains would not result in disastrous floods; nor would our summers be rendered almost intolerable by such awful droughts. Look at the countries bordering upon the Mediterranean Sea, once the garden of the world, producing fruits, grain, and flowers, to delight the eye and make glad the heart of man; where arose, bloomed, and grew to perfection the highest civilization and culture known at that time to the human race. What is it now? Mostly a barren waste, with naked rocks, and arid, unproductive soil, where the inhabitants can scarcely earn a livelihood. The careless, wanton, and wicked destruction of the forests, promoted and encouraged by the Mohammedan religion, has done the greater part of this work. The beautiful forests cultivated by the Hellenic races, the groves, sacred to their divinities, used to beautify and adorn the land, have been leveled by the ruthless vandalism of ignorance and superstition, until the inevitable consequences followed: a succession of droughts and floods; the former rendering the land unproductive, the latter washing away what good soil there was; thus permanently ruining the land and converting much of it into arid waste. The final result of this was that the countries subjected to these changes were reduced to poverty; such of the inhabitants as were willing to work emigrating to other countries, while the indolent portion of the population, better satisfied because there was nothing to do, remained, earning a precarious livelihood by preying upon tourists and antiquarians. Thus, what was once the Eden of the world, and the home of civilization and culture, is now almost a barren desert, inhabited by a people not far removed from beggars and robbers.

A similar result will inevitably follow in our beautiful and fertile Ohio Valley, if the vandalism of the wanton and causeless destruction of our forests is persisted in. Already, as you descend "La Belle Riviere," the beautiful Ohio, in one of our palatial steamers, you see the bald hillsides, shorn of their beautiful and health-giving forest coverings, seamed with gullies and ravines, which make them most unsightly to behold, and utterly unfit for cultivation. In the long summer, without rain, the whole face of the country is parched up, the crops are poor, the people look discontented and unhappy. When, at the close of winter, the snows begin to melt and the rains to fall, the gullies become rapid brooks; the ravines are converted into mountain torrents; the creeks are changed into great streams, and the rivers are transformed into inland seas. Houses are swept away; the accumulated comforts of a lifetime are an-

nihilated in a few hours. The damage does not stop here. What is it that makes the "Father of Waters," the great Mississippi, so much higher than the country through which it flows, necessitating the building of expensive levees? Why is it that millions of acres of fertile land are inundated by crevasses, or breaking through of these levees, and the labor of years destroyed in a day, preventing these lands from being cultivated as they should be, and making them a desert waste?

It is because the tributaries of that great stream, unprotected by forests, wash all the soil of the lands through which they flow into the Mississippi, thus filling it with alluvium, raising its bottom higher and higher, compelling its waters to rise above the level of the adjacent lands, and, where unprotected by levees, causing it to spread over the land, rendering it useless for cultivation and unfit for human habitation. Down at the mouths of the Mississippi there is accumulated such an immense mass of this alluvium that the government has been compelled to expend many millions of dollars in the construction of jetties to keep open the navigation between New Orleans and the Gulf of Mexico. I merely make incidental mention of this, the subject being the floods in the Ohio Valley.

The final result of these oft-repeated calamities is that the inhabitants of these beautiful and fertile valleys become discouraged by so often losing the fruits of their labor, and cease to improve the land, refusing to expend their energies on what will only be destroyed by the next great flood. The cultivation of the land will grow less and less, and civilization, instead of marching on, ascending higher and higher, until the wildest imagination of the enthusiast has been surpassed, will retrograde, and mankind will revert to his original barbarism. What is to be done to prevent this calamity?

Cease to destroy the forests where they yet exist; replant them in places where the greed and ignorance of mankind have annihilated them; enact forest laws, as they have in Germany and other European countries; plant new forests where they never existed before; plant willows on the banks of your streams, to prevent them from being washed away; plant groves in the immediate neighborhood of your cities; in short, foster trees wherever it is possible. Cultivate the valleys and the undulating highlands; leave the precipitous, untillable hillsides and mountains with their beautiful and health-giving forest coverings, presenting us with the ever varying picture of foliage, of delicate green, interspersed with white and pink blossoms in the balmy spring time: the varying shades of rich, deep green affording a pleasant shelter from the burning summer sun, and the lovely variegated autumn foliage toward the end of the year. We will then have an abundance of land under cultivation; an equable and temperate climate; a sufficiency of moisture, even in midsummer; moderate spring rains, falling in such a way as to enable the rivers to carry off the water without flooding the country and destroying the results of man's labor, but simply to improve navigation and add to our commerce. The inhabitants of a country thus blessed will be contented and happy. Receiving the full benefit of their efforts, they will be stimulated and encouraged to labor still farther, adding to their comforts, beautifying their homes, educating their children, and bringing them up to habits of industry, economy, and virtue, thereby improving the human race, until the wildest dreams of the speculative philosopher are more than realized, the world becomes an Eden, and the Heaven which has been so variously described by religious dreamers is to be found in the beautiful mountains, valleys and plains of our lovely planet.

SUMMER COMPLAINT.—In the *Archives of Pædiatrics*, Christopher thus summarizes an article on this subject:

1. Various forms of abnormal fermentations occur in the bowels, and when they occur in infants, and produce symptoms, they constitute the immediate cause of the collection of diseases known as summer complaint.

2. Summer complaint, so defined, includes putrifactive constipation, and all forms of diarrhœa and dysentery not diphtheritic in origin, nor symptomatic of septicæmia.

3. The three great predisposing causes of summer complaint, viz., hot weather, overcrowding, and bottle-feeding, are to be regarded as acting solely as adjuvants to fermentation.

4. The diet during summer complaint should be determined entirely by the conditions within the bowels, and not by theoretical ideas as to nature's food.

5. At least two well-marked forms of abnormal intestinal fermentation may be recognized clinically, viz., the putrid and the acid

6. In the putrid fermentation, carbohydrates should constitute the food, and in the acid form, albumen should be the only food.

7. Milk, containing, as it does, both proteids and carbohydrate, should be prohibited in all forms of intestinal fermentation. When properly sterilized, food can be given; nursing babies, with severe summer complaint, should be taken from the breast.

8. All food administered, of whatever type, should be aseptic.

9. In addition to regulating the diet on the foregoing principles, the treatment should include laxatives and intestinal antiseptics.

10. The lesions are to be regarded as the results of the fermentation, and are more marked in proportion to the duration of the disease.

11. The lesions assist in prolonging the disease, and, in all probability, act by providing a habitat for the micro-organisms, and by their secretions furnishing the micro-organisms with material with which to maintain their biological activity.

12. In chronic cases, where well-marked lesions may be supposed to exist, lavage of the large intestine and of the stomach, with appropriate antiseptics, is indicated.

13. Opium is contra-indicated, except in persistent acid fermentation, which threatens to produce anatomical lesions.

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WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

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THE USE OF THE UTERINE CURETTE.

THE multiplicity of operations which have, within the last few years, been proposed in the field of gynecological surgery for the various uterine conditions, has almost eclipsed a valuable means of treatment formerly much in vogue in the profession. This, together with the abuse and indiscriminate employment of the uterine curette, has done much towards bringing this valuable instrument into the professional disrepute from which it so lately has largely suffered. It is, therefore, with a considerable degree of pleasure that we have noticed of late the growing favor of, and regard for, the older method, and the laying aside of the later prejudices for the former confidences, tempered now, however, with the precautionary measures which growth of knowledge, anatomical, physiological, and clinical has engendered. It is but just and natural that such an instrument, worthy of our highest regard and commendation, and of incalculable value when properly employed, should be reinstated in its proper position in the estimation of the gynecological surgeon, and such seems to have been the conclusion reached by those whose daily labors have led them to recognize its intrinsic worth.

In reviewing the subject of the uterine curette, we have been attracted by a natural grouping of the subject into its various captions. We have thus been led to consider, in the first place, the indications for the use of the curette; *secondly*, the dangers attendant upon its employment; *thirdly*, the contra-indications to its employment, and, finally, the advisability of employing an anæsthetic to alleviate the suffering attendant upon its use.

The various conditions which seem more or less urgently to call for the active employment of the curette, embrace a large proportion of the subjects of gynecology. It is possible, however, in a few words, to so group these indications as to give a comprehensive, and yet concise, enumeration of them. They may, in fact, be included in two great classes, which appear to cover the whole ground in question. These may be expressed as, *firstly*, the relief of endometritis in its various forms; and, *secondly*, the relief of uterine hemorrhage of different kinds.

The weight of opinion, as regards the treatment of endometritis, is now undoubtedly tending to the more frequent use of the curette as being more scientific, more successful, and less barbarous than the use of caustics, and of more universal application than is the use of electricity. It is also more under the immediate control of the operator, who, with the cultivated eye upon his finger-end, can ascertain just the amount of denudation he is making. Thus it is that we are repeatedly hearing of its adoption by the most progressive of the gynecological surgeons. Doleris, thus, after dilatation by asepticized laminasia tents, recommends thorough curetting of the diseased mucosa attendant upon pronounced cases of ante-flexion, especially observing that the angles of flexion be denuded. Smyly claims that we can have no better aid in the diagnosis and treatment of diseased conditions of the endometrium than that rendered by the use of the uterine curette. By a microscopic, and often merely by a macroscopic, examination of the débris thus removed, we are enabled to arrive at a pretty accurate opinion as to the pathogeny of the endometritis present. He thus says that if strips of hyperplastic membrane are removed from an irregular, though soft, velvety surface, by means of the dull-wire curette, we probably have a fungous, or hyperplastic, endometritis to deal with. Cornil and Brault go further, and claim that by its use we can *always* be enabled to form a diagnosis between benign and malignant disease of the endometrium. The so-called puerperal septic endometritis calls for prompt and active curetting of the uterine cavity. Due as it is to the retention of shreds of membrane and placental débris after miscarriage, or normal labor at term, it is evident that only through thorough removal of all such material can the distressing and copious hemorrhage be arrested, and the dangers of septic infection be abated. The curette here, indeed, is the only recognized method of treatment, and its use in such cases has been attended with most satisfactory results. After employing it in this condition, the application of a somewhat cauterizing antiseptic fluid to the denuded surface is often of value in still further enhancing its effects. Prof. V. Janousky, in *Monatsheft. f. Prakt., Dermat.*, VII, advises the use of the curette for the cure of dysmenorrhœa. For this purpose he uses a long handled, sharp spoon, and thoroughly scrapes over the whole uterine cavity. He claims good results from this method of treatment. In cases of syphilitic endometritis, often the use of the curette does not seem to immediately result in a cure, the rapid formation and growth of granular tissue frequently necessitating repeated operations. In conjunction with antisyphilitic treatment, however, it will, as a rule, finally accomplish the desired purpose.

In treating of the second great indication for the employment of the curette, namely, for the arrest of

uterine hemorrhage, Dr. Wm. W. Taylor, in the *Memphis Medical Journal*, has divided the subject of hemorrhage from the uterus into four distinct classes, in all of which he claims that marked success follows the use of the curette. Briefly, these are as follows: *First*, hemorrhage from retention of portions of the ovum or decidual membranes after abortion, or labor at full term. This we have already considered under the heading of puerperal septic endometritis. *Secondly*, metrorrhagia or menorrhagia caused by fungous granulations of the endometrium. Here Dr. Taylor recommends the complete removal of the uterine mucous membrane by means of the curette, and denounces the removal of strips and small pieces of membrane, with but partial denudation of the uterine cavity. *Thirdly*, hemorrhage arising from the endometritis complicating fibroid tumors. The hemorrhage in these cases comes, not from the tumor itself, but from the hypertrophied uterine mucosa around it, and the removal of this by the curette will arrest this troublesome and dangerous complication. *Fourthly*, the hemorrhage in the case of sarcomatous and cancerous disease of the endometrium can be relieved by the use of the curette. Often, also, in such cases, the progress of the disease can be arrested, and the health maintained, by the judicious application of the instrument.

The dangers attendant upon the use of the uterine curette are not many. Septic peritonitis, perforation, and temporary uterine paralysis may be mentioned as the most to be dreaded. Care in the use of the instrument, and proper preliminary precautions, as well as after-treatment, will usually correct all tendency in this direction.

The contra-indications to the use of the curette are any diseased condition in the immediate proximity of the uterus. An existing para- or peri-metritis, pelvic peritonitis, pelvic cellulitis, salpingitis, ovaritis, or an acute urethritis, would, thus, be an indication against the employment of the cu ette, and for the treatment of the uterine condition in some other way until the complicating disease was overcome.

Finally, as to the advisability of employing anæsthetics in the use of the curette, we would say that, as a rule, it would be wiser that one be administered, and, preferably, chloroform. Its use prevents suffering to the patient, and gives more satisfaction to the operator. It is a matter, however, which each operator must settle for himself, being altogether a question of comfort and convenience to himself and patient.—D.

THE RELATIONS OF PHYSICIAN AND NURSE.

THE relationship existing between the physician and the nurse is, or should be, so clearly defined that at no time should there be any over-stepping of the line, by either, in the performance of their respective duties. Yet how frequently does this utopian state of affairs exist only in the imagination, or, perchance also, in the code of professional ethics. Lamentable though it may be, it is still only too true a fact, that often the sick-room presents a scene of strange contradiction, in which the physician and nurse seem to have exchanged positions as director and assistant. Not only does such a change result disastrously to both concerned, but its effects upon the still more important personage, the invalid, are also pernicious in their nature. Especially is such a condition to be regretted in the bed-chamber of the puerperal woman.

Now, it is clear that where such a deplorable state of affairs exist, there is, at the foundation of all the trouble, some serious mistake, and this mistake we believe to be duplex in character. In the first place, the physician errs when he permits the least digression from the path of duty on the part of the nurse. The slightest show of undue familiarity, beyond the ordinary pleasantries of the day, the slightest disposition to criticise or suggest should be promptly nipped in the bud. Indeed, such a course taken by the physician, be he accoucheur or not, not only insures perfect order and system in the sick-room, but inspires respect and confidence in both patient and nurse. The maintenance of professional dignity and control, then, is the first factor to be observed in the correction of the gross mistake, nor does such a course imply undue harshness, or the laying aside, in any degree, of the ethics of society. Strictness and firmness may and must be combined with gentlemanliness and culture.

Just as great a mistake is made by the nurse, who, from a somewhat extensive practice, acquired, it may be, in a hospital, or elsewhere, takes upon herself the grave responsibility of in any way directing the proceedings in the sick room. The one main duty of the nurse is to obey, never to command. Any deviation from this narrow path results disastrously to herself and to her patient. This one idea should be impressed indelibly upon her mind. The first lesson a nurse should learn is the importance of an entire and absolute forgetfulness of self. All personal feeling, all personal identity, should be swallowed up in her interest in the welfare of her patient. With this point fully established in her mind, all else will be plain and easy sailing.

Fortunately, since the introduction of our excellent training schools all over the country, the well-trained nurse, trained not only in the technicalities of the art of nursing, but in the art of obeying and of self-forgetting, also, is rapidly supplanting, in the favor of the profession, the old family nurse, the Mrs. Gamp of fame, with her garrulity and meddling gossip and tiresome pedantry. We may truly say that in this line, as in others, the good old days are the present days, that the now is better than the past.—D.

WHITE (*Kansas Medical Journal*) states that an excessive sensibility to light always accompanies pneumonia.

FUNCTIONAL NERVOUS DISEASES.

IN the April number of the *Journal of Nervous and Mental Diseases*, W. H. Thomson, M.D., furnishes an interesting paper under this head, having special reference to the relations of such diseases to gastro-intestinal derangements.

As methods of scientific investigation become more accurate, and the experimenters themselves more skilled and intelligent, the number of functional diseases has been noticed to grow considerably less. Indeed, some have gone so far as to assert, that, in time, the term will become altogether obsolete, from the fact that every disease will be found consequent on some organic lesion.

Dr. Thomson, however, argues ably against any such conclusion, holding, that though the number may still be lessened, yet there will be some diseases which will always remain purely functional.

The great difference, he says, between an organic and a functional disease is the intermittency of the latter. An organic malady, from the nature of the case, must be constant, whereas complete intermissions would be properly expected in a functional trouble. According to his argument, it is not necessary that an abnormal manifestation should imply a pathological cell, as witness the actions, on the human organism, of certain drugs and poisons—strychnine, morphine, curare, ipecac, and the like. If not in too large doses, they exert transient effects, which, indeed, simulate the effects of certain diseases; but after the drug is eliminated, the cells once more resume their normal functions. Why may it not be that in these functional diseases, through some mal-elimination, mas-assimilation, or abnormal metabolic change, certain poisons are manufactured or disseminated, which act on normal cells so as to produce diseased functions? Thus we have the exacerbation. Then, correct nature again asserting herself, the poisons are destroyed, or have exhausted themselves, and we have the intermission. Knowing, as we do, the singular idiosyncrasies existing with regard to morphine, chloral, ipecac, and a number of drugs, Dr. Thomson suggests that in this we might find an explanation for the profound nervous effects, resulting from a minute quantity of some alkaloidal poison, improperly handled or set loose by the vital organism.

The gist of his article is, that these disturbing poisons are perhaps generally absorbed from a sluggish gastro-intestinal canal, and that, in cases of hysteria, migraine, epilepsy and kindred troubles, one may often get better results from brisk purgatives and aids to digestion, than from sedatives, hypnotics, or antispasmodics.—S.

IN the controversy upon the relative merits of ether and chloroform, Bauer quotes Dr. Dalton of the St. Louis City Hospital (*St. Louis Clinique*) as apprehending that more deaths result indirectly through ether, from pulmonary disease caused by it, than from chloroform.

Annotations.

ABSCESS OF THE LIVER AS A COMPLICATION OF TYPHOID FEVER.

ROMBERG, of Leipzig (*Berl. Kl. Woch.*), has published an interesting case of this kind. The course of the fever was a severe one, and, on the twenty-fourth day, chills, with a light yellow discoloration of the skin, were noticed. This continued for six days, when the patient died. The autopsy showed that, in the ileo-cæcal region of the intestine, there were numerous ulcers, and in the mesentery there was a spot of diffuse purulent inflammation. The ileo-colic veins contained numerous purulent thrombi. The liver was increased in size, and filled with small abscesses, running into each one of which was found a vein filled with a broken-down thrombus.

Abscess of the liver is very rare in typhoid fever. These abscesses arise in three different ways: first, there may be a typhoid ulceration of the bile ducts and subsequent pus-formation; second, the lesions in the intestine may give rise to a purulent pylophlebitis; third, there may be a pyæmic infection from some other part of the body.

Romberg has reported 677 cases of typhoid, with 88 deaths, and only this one case of abscess of the liver; Schultz has reported 3,686 cases, with 362 deaths, and not one case of abscess; while Dopfer, in reports of 927 typhoid autopsies, found liver abscess mentioned ten times.

THE attitude of the British medical journalist, especially the variety to be found in the outlying provinces, towards American books, is very funny. Works of sterling merit receive no notice, but are laid away to serve as the sources of original ideas. But when some quasi medical book appears, the work of a manufacturing firm, or quack who is selling country rights to practice his "system," our worthy contemporary descends upon it ponderously. With the most ineffable condescension he stoops to dissect its marvelous anatomy; with fine sarcasm he descants upon its monumental ignorance; and winds up with a peroration in which the book is made to do duty as a type of the American physician's work. He has no space for Agnew or DaCosta, but he can waste a page in libeling America over the shoulder of Brinkerhoff. Still, it is a fair inference that the British publisher understands what his readers desire; and when we recollect how England received Scott's "Life of Napoleon," with its infamous defence of Sir Hudson Lowe, we may conclude that the British doctor prefers such stuff to genuine information concerning medical matters in this country.

ASIATIC CHOLERA.

AN interesting article on this subject, by Hueppe, has recently appeared in the *Berl. Kl. Woch.* According to our author, the cholera process is confined to the intestinal tract, and is to be considered a specific putrefactive process, producing specific poisons. In human beings, the germs pass through the stomach; whether they gain access by means of the

food only, or whether they are in the air, and are mixed with the saliva when inhaled, and thus swallowed, is not yet determined. It is, however, certain that they are never found in the blood; so that infection of the intestinal canal is never secondary. Contrary to the former view, cholera bacteria develop with greatest rapidity when deprived of oxygen. Under these conditions, however (deprivation of oxygen), cholera bacteria are very sensitive to external influences; acids are particularly fatal to them. Hence, fresh germs are so sensitive that, if swallowed, they are destroyed by the acid gastric juice. If exposed to the air and allowed proper nourishment, they soon become more tenacious of life. Hence, cholera germs in the body are much more sensitive than when found in the external world. It is even believed that, if these sensitive germs are exposed to the air and furnished proper nourishment, they can pass through the stomach and act in the bowel; while, if they were swallowed before such exposure, the acid gastric juice would destroy them.

ANÆSTHETIZING SCREW-WORMS.

THE screw-worm is the product of the blow-fly, whose attentions are usually confined to animals, depositing the ova on raw surfaces, where they grow with extraordinary rapidity. A number of cases have been reported, however, of human beings who have been made the seats of oviposits, and who have succumbed upon the development of the screw-worm.

Dr. J. G. Jennings, of Little Rock, Ark., reports a case, doubly interesting on account of the ingenious way in which he rid the victim of these villainous parasites. A negro teamster came to him suffering from an intense headache; nose and eyes bloodshot, and the surrounding tissues hot and swollen; nose, mouth and eyes were discharging a thin, ichorous, and offensive exudation. The nostrils were almost swollen together, and were exquisitely sensitive to the touch. The next day the patient showed a worm which he had coughed up, and which Dr. Jennings recognized as a screw-worm. The doctor procured some chloroform and an atomizer, and proceeded to spray the nostrils, with the result that fifty-seven screw-worms dropped hastily down, standing not on the order of their going. In a few days the man was perfectly well and had returned to his work.

MORPHINE HABIT.

DR. LANPHEAR'S method of treating these difficult cases is described in another column. It embraces the essential points of removal from home to a retreat, rapid reduction of the drug, and attention to all the hygienic points which do so much towards relieving the patient of his sufferings. He gives a judicious warning against the over-use of baths, and his suggestion of a pleasure trip before the patient goes back to his avocation is most important. Several of the recently introduced drugs are used, and prove of value. The very free use of hypnotics and analgesics might, we believe, be avoided, if electricity were employed.

CEREBRAL ABSCESS DUE TO MIDDLE EAR TROUBLE.

KÖRNER (*Centralbl. für d. Med. Wiss.*), from an observation of one hundred cases of this affection, in ninety-one of which an autopsy was made, has come to the following conclusions: Cerebral abscess is twice as common as cerebellar abscess; is twice as frequent in males as in females, and is most common on the right side. In a large proportion of cases, these abscesses are found continuous with the parts around the ear. Hence, when the abscess is opened, great care must be used to remove the carious bone; otherwise, there is danger of meningitis, or the formation of another abscess.

Under ten years of age, these abscesses are three times as frequent in the cerebrum as after that age. Percussion of the skull will occasionally show tenderness over the seat of the abscess. Optic neuritis is one of the common symptoms. Disturbances of speech occur only when the cerebrum is involved, and even this symptom is uncommon, because the majority of the abscesses occur on the right side.

Letters to the Editor.

NITER, IN CHILLS AND FEVER.

I VISITED, on Sunday, at two o'clock, a railroad engineer, who was attacked with chills and fever, in the State of Mississippi, the preceding Thursday. Chills occurred daily, about twelve o'clock, continuing one hour, followed by fever, which lasted eight hours. Found patient with high fever; temperature, 104°, S. L. Gave ten grains antifebrin; profuse perspiration and lowering of temperature to 99° followed. Fever rose again, at four o'clock; temperature, at eight o'clock, 103°. Fever continued, as heretofore, until ten o'clock. Ordered forty-five grains of *potassii nitras*, to be given at ten o'clock next day, and a similar dose when symptoms of chill were felt. No chill took place. At ten o'clock, the succeeding day, forty-five grains of the salt were again given, with instructions to take a similar dose on occurrence of chill; no chill occurred. Patient was permitted to resume his occupation, on Thursday, with instructions to report.

In two other cases, also railroad men, identical with this, the paroxysms were shortened, but a cure was not effected.

A gentleman from New York contracted chills and fever, while on the Isthmus of Panama. Failing to obtain relief, he came to New Orleans for treatment. Chills occurred on alternate days, followed by fever of ten hours' duration. Found relief from quinine and arsenic; relapses were frequent. So confident was I of success that I promised a speedy cure. Gave thirty grains of *potassii nitras*, two hours preceding chill; another dose when chill occurred. In this case, no beneficial result followed. The chill, fever and sweat were of the usual intensity and duration. Sixty grain doses, given in the same manner, on the next alternate day, resulted in a like failure. Inter-

rupted the chill with quinine sulphate, and oil of black pepper, in large doses. Patient is now upon this treatment.

Chill and fever are of unusual occurrence in New Orleans; the field of observation is consequently limited. The majority of cases treated by me were from the country, and were of long standing; at least four-fifths of the cures effected were in cases of a chronic character, which did not yield to quinine or arsenic. Failures may be expected in recent cases.

J. D. HUNTER, M.D.

THE NAPHTHA HABIT.

HEARING some statements like what you quote from *Archives de Neurologie*, in April 26th number of TIMES AND REGISTER, I wrote to two of the largest firms, one being the Boston, and heard from them both that such a story was not true. One agent wrote that he had heard something of the kind, but it was not practiced there; nor did he know of any company where naphtha intoxication was resorted to. If naphtha is ever used for the purpose, it is not the case, I am sure, in or about Boston.

Dr. J. D. Kelly's article, on the controlling power of veratrum viride over puerperal convulsions, on page 401 of your last issue, is of so much importance that, if it will do what he says, it ought to be known. If any other physicians have had like experience, such facts ought to come to light at once. I have had no experience with the drug in this disease. Yet I have had cases, where a drug, doing what he says, would have relieved me greatly.

E. CHENERY, M.D.

Book Reviews.

LYMPHATIQUES DES ORGANES DE LA FEMME. Par LE DR. I. POIRIA. Brochure in 8vo de 60 pages, avec 11 fig. Prix, 2 f.

The illustrations are clear and distinct; and represent (1) the lymphatics of the vagina, (2) of the middle third of the vagina and their ganglia, (3) of the uterus, (4) the uterus bent forward, the lymphatics of the round ligaments, etc., (5) lymphatics of child's uterus, (6) of uterine neck and upper third of vagina, (7) of the infant ovary, (8) and (9) of adult ovary, (10) outline scheme of the genital lymphatic, (11) reproduction of Fig. 3.

THE PRINCIPLES AND PRACTICE OF SURGERY, being a treatise on surgical diseases and injuries. By D. HAYES AGNEW, M.D., LL.D. Profusely illustrated. Second edition. Thoroughly revised with additions. In 3 volumes, pp. 1114, 1066, and 785. Philadelphia, J. B. Lippincott Company, 1889.

This grand work of the first surgeon of America needs no introduction to our readers. In the present edition, nearly every chapter bears the marks of careful revision. We quote from the preface: "During the last few years a spirit of extraordinary vitality has pervaded every department of medicine, and in none has it been more active than in that of surgery. The author, during these years, has not been an idle spectator, but has carefully watched all that was occurring within the domain of his own special study, and in the present treatise he has embodied whatever, by observation and experience, appeared to him worthy of professional confidence. The great advance, that which constitutes the most notable surgical feature of the century, is the doctrine of asepsis, based on the presence of micro-organisms as the leading causes of inflammation and its products. To this must be attributed the splendid achievements wrought in abdominal, pelvic and cerebral surgery, as well as in the management of wounds in general. Early committed to the parasitic theory of disease, and adopting methods of practice in harmony with its acceptance, every year, with enlarging experience, has but served to strengthen the author's faith in the value of germicidal agents." The illustrations number 2,198. The mechanical work, the paper, printing, binding, etc., has that perfection scarcely ever attained except by the present publishers.

The Medical Digest.

INHALATIONS of phenol are said to allay the pain resulting from the inhaling of bromine vapors.

IT is recommended that suppositories of chloral be combined with belladonna to prevent irritation: chloral hydrate, 0.5; ext. belladonnæ, 0.3; cacao butter, 3.0 gm.

FOR ASTHMA:

R.—Etheris	℥j.
Sp. terebinthinæ	℥ss.
Acid benzoic	℥ss.
Balsam tolu	℥ij.

Misce.—Place in a wide-mouthed bottle. The vapor is to be inhaled during the attack.

—*Bull. Méd.*

ELECTROLYSIS IN URETHRAL STRICTURE.—W. Bruce Clarke (*Brit. Med. Jour.*) read a paper before the Medical Society of London, in which he gave the results of four years' experience with this method, embracing a series of fifty cases. He dwelt upon the importance of limiting the action of electrolysis, and avoiding all cauterization. He begins with a current of three to five milliampères, gradually increasing to ten, never more.

AT the Cardiff Medical Society (*Brit. Med. Jour.*), Stewart related cases illustrating the value of borax in the treatment of epilepsy. In the case of a girl thirteen years old, subject to epilepsy from birth, under the use of borax the seizures fell from twenty-six per week to eight, in the third week. Then sixteen days passed without a fit, and four occurred on two successive nights; then, after nine free days, a single fit occurred; and since that time a month passed without a fit. In several other cases, the number of convulsions was reduced to a notable degree. Dr. Stewart concluded that borax exercised a peculiar influence over nocturnal seizures, while bromide answered better for those occurring by day.

For Erysipelas, Kingsbury (*Progress*) recommends a fifty per cent. solution of ergotine, applied locally with a camel's-hair brush.

In a case of intestinal hemorrhage in typhoid fever, Braymer (*Med. Age*) succeeded in saving the patient's life, after ergot, etc., had failed, by administering nitro-glycerine.

Phytolacca is a very active agent, and Ragsdale (*St. Louis Clinique*) reports two cases of poisoning in children, who ate the roots in mistake for artichokes. Both recovered, after the administration of demulcents, cardiac stimulants and cathartics; free emesis having occurred spontaneously.

For Pleurodynia.—For quick and lasting relief in pleurodynia, J. Adolphus, M.D. (*Medical Age*), praises gelsemium and ammonium muriate. He gives the first in the form of the tincture, ten drops every hour; or, if the latter medicine is employed, twenty to thirty grains are administered every four to six hours.

The following is the efficient formula for constipation, as suggested by Dr. Ralph D'Ary, in 1885:

℞.—Extract cascara . . . . . 4-15 grain.
Extract nux vomica . . . . . 1-30 "
Extract belladonna . . . . . 1-60 "
Euonymin . . . . . 1-50 "
Xanthoxylin . . . . . 4-10 "
Oleoresin capsicum . . . . . 1-20 "

Richmond (*Kansas Medical Journal*) speaks in the highest terms of Clover's inhaler for the administration of ether. With the use of this inhaler, he finds ether more convenient as well as safer than chloroform. The operator's anxiety is less; time is saved; and "under ether return of consciousness to pain generally lags behind the return of mental perception, and thus anæsthesia can easily be re-established without interrupting the operation."

Iodide of Potash is Better.—According to Prof. Germain Sée, the iodide of sodium should not be substituted for the iodide of potassium, especially in affections of the heart. The action of the iodide of sodium, he says, is almost *nil;* whereas, the iodide of potassium is the true medicament of the heart.

The chlorate of soda, which some substitute for chlorate of potash, is also said by Dr. Laborde to be infinitely less active than the latter.

—*Boston Med. and Surg. Jour.*

For Hyperidrosis Plantaris.—Ohmann-Dumesnil (*St. Louis Clinique*) recommends washing the feet with slightly astringent solutions, as a scruple of tannin in a quart of water, adding salicylic acid for fetor. Then the feet should be well dried, and soles and strips of diachylon plaster immediately applied snugly; the stocking pulled over and shoes put on. The patient can at once walk with comfort. The dressing is to be repeated three times a week. The shoes may require disinfection.

[A very efficient method is washing the feet twice daily in cold water, using no soap, and rubbing well with a loofah.]

Food and Color.—Sauermann found that feeding birds with capsicin, the coloring matter of capsicum, produced no visible change in the color of the birds; but when trioleine was also given the change took place. Feeding white hens with capsicum, in ten days, yellow-red tail feathers appeared in one. In another, the breast became red. Doves fed on butter became deep brown and lustrous; the color fading when the butter was withheld. The red color of bullfinches, which soon disappears when they are caged, may be restored by feeding them in the spring on the young shoots of pine trees.

The practical deduction is that pregnant women who want red-headed babies should eat plenty of capsicum.

Immediate Blindness of One Eye.—Two cases are reported, by Dr. Koller, of immediate and permanent blindness of one eye, the result of a blow on the temple. Sudden blindness followed in each case, and, though the ophthalmoscope at first showed absolutely no change, in due time atrophy of the nerve occurred. In one of the cases the injury resulted from a violent blow with an umbrella, though the skin was not wounded.

Some seventy instances of such blindness have thus far been reported, and Dr. Koller explains his on the theory now generally accepted: namely, that a fracture of the optic canal occurs, and a portion of bone, impinging on the nerve, destroys its function.

—*Boston Med. and Surg. Journal.*

Alterative Pill.—John Aulde, M.D. (*N. Y. Med. Jour.*), considers the following an excellent alterative pill in cases that present this train of symptoms: vomiting, coated tongue, foul breath, accompanied with more or less of headache:

℞.—Pulv. ipecac. et opii . . . . . ⅛ gr.
Massæ hydrargyri . . . . . gr. ss.

This for one pill or tablet. Calomel may be substituted for the blue mass, if desirable. The small dose of opium, he says, will serve to allay pain without locking the secretions; whilst the ipecac, favoring, as it does, the activity of the liver, and increasing secretion, assists the mercury. Both these drugs, too, have the faculty of obtunding the sensibility of the sensory nerves. One of these pills, he continues, given every half-hour, or hour, until four or six have been administered, will often give surprising results.

A New Use for Fluorescein.—Favorable results have been reported from the use of a solution of fluorescein, ten grains to the ounce of water, in the detection of defects in the corneal epithelium. A few drops of the solution, instilled into the eye, will at once give the characteristic green color to any portion of the cornea where there has been a disturbance of the epithelium. Small abrasions, hardly apparent even by oblique light, are distinctly figured, and foreign bodies are surrounded by a ring of green, thus distinctly marking their position and outlines. Fluorescein, thus employed, will probably be found most useful in the examination of the eyes of small children, with whom the greatest difficulty is often expe-

rienced on account of the struggling and the rapid rolling of the eyeballs, due mainly to intense photophobia. By the aid of fluorescein, the position and extent of the corneal involvement can be seen at a glance. The solution has no effect whatever on the healthy cornea, and its coloration lasts from twenty minutes to half an hour.

TESTIMONY OF CHOKED DISC.—The following conclusions are drawn:

1. That knowledge acquired in any special department of medicine may be useful to the general practioner, particularly where local phenomena point to co-existing conditions in other organs, and the general system.

2. The choked disc, or more correctly, optic neuritis, is a symptom of great diagnostic value in brain lesions.

3. That impairment of vision is not often early associated with optic neuritis, and for that reason may be overlooked.

4. It is present more often in slowly forming tumors and where the pressure is gradual, than in sudden intra-cranial pressure or rapidly forming tumors.

5. That optic neuritis, in itself, gives no clue as to the position of the tumor, which must, and often can be, located with great exactness by the occurrence of other local or general manifestations.

6. It is not necessary that the tumor press upon the optic nerve to produce the condition.

—Morrow, in *Cleveland Med. Gazette.*

MORPHINE HABIT.—Lanphear (*Jour. Amer. Med. Asso.*) contributes a paper on the treatment of the morphine habit, which may be thus summarized: Having been admitted to the hospital and given up his morphine, the full amount of the drug is given the first day. On the second day but little reduction is made; the third, but one-half is given, if large doses have been previously taken. Each subsequent day the quantity is reduced one-half, until the tenth, when pure water is employed. Different cases require various management in respect to reduction.

For the insomnia, a scruple of sulphonal is given on the third evening, followed by a bath, and in one and a half hours a second dose of sulphonal; an hour later the morphine. The next day, at 6 P. M., four grains of camphor monobromide; repeated at 7, 8 and 9 P. M., at 10, a scruple of sulphonal, repeated at 11 with the last dose of morphine for the day. This is repeated for the two nights succeeding. After three or four nights the camphor is rapidly decreased, and as soon as possible the sulphonal is replaced by ammonium bromide. By the fifteenth day no hypnotics are taken.

Delirium is met by hyoscin injections. Diarrhœa does not prove troublesome; if it occurs, bismuth, tannin and rhubarb are given. The epigastric sinking calls for hot fomentations or belladonna plaster; vomiting, for carbolic acid in mint water.

Muscle cramps and neuralgic pains are met by antipyrin in fifteen-grain doses injected half over the pain center and the rest near it. For circulatory disturbances, food, alcohol, recumbency, warmth, friction, etc. Milk punch cannot be excelled. Daily hot sponge baths are useful. Atropine is better for weak heart than digitaline.

For nervous phenomena, other than noted, hyoscyamus and bromide of potassium; replaced by nux and iron in convalescence.

In conclusion, the author claims that by this plan the ordeal is passed more easily than heretofore; the weakening of frequent baths is avoided; the physician gives each dose himself, so that pure water can be used some days after the morphine is totally withdrawn; permanent cure is more frequent; the cases are easy to treat, with competent nurses and confinement to the hospital; the influence of confident assurances of a cure is employed as a non-hypnotic suggestion. Ample instructions are given the patient when discharged. Much of the success is attributed to the attention given to the daily life, food, exercise, sleep, freedom from worry; and at the end, a pleasure trip is recommended.

THE GALVANIC CURRENT AS A LAXATIVE.—John V. Shoemaker, M. D. (*Journ. of Am. Med. Assoc.*), relates a discovery to the effect that a galvanic current, appropriately applied, serves as a laxative, and suggests that it may be found of paramount value in chronic constipation, thus affording another means of avoiding the use of purgative and laxative drugs, often objectionable and unsatisfactory. Whilst treating the prostate with the galvanic current—cathode in the rectum, anode over the perineum, he accidentally discovered that the application for about two minutes of a mild current produced a desire to go to stool. He says that the strength of the current should be about one milliampére, so that the patient will feel at first as if no current at all were passing.

In the course of fifteen or twenty seconds, the rectal electrode will begin to warm to the point of painless tolerance.

In about two minutes, the average patient can generally be affected to the degree of securing an easy passage.

The current, he says, seems to act both by stimulating the discharge of the rectal mucous membrane, and by dilating the sphincter ani; for, if the positive pole at the perineum is quickly removed, the sphincter forcibly contracts. Reversing the poles gives no such result; indeed, just the opposite, for, at the moment of applying the negative pole to the perineum, the sphincter ani contracts, remaining quiescent on removal.

SCLEREMA AND ŒDEMA NEONATORUM.—In both sclerema neonatorum and œdema neonatorum the patients are weakly, often prematurely born, and in both diseases the body temperature rapidly falls below the normal. In sclerema the peculiar condition of the skin and subcutaneous tissue is found most markedly on the back, shoulders, and thighs, while in œdema the area of distribution corresponds with the lower part of the abdomen, the genital organs, the back and legs. In sclerema the skin is firm and tense, cannot be raised in folds, and does not pit on pressure; in œdema, on the other

hand, the skin is soft and baggy, can be pinched up between the fingers, and pits readily on pressure.

Etiology.—Very little is known concerning the etiology of sclerema. The disease occurs usually in prematurely born and weakly infants, which have been placed under bad hygienic conditions as to food, clothing, etc. It is, therefore, easy to understand why illegitimate foundlings are especially liable to it. It is most common in the winter months; but it is a rare disease in this country at any time of the year. It may occur in syphilitic infants, but any direct connection between the two diseases remains to be proved. With regard to œdema, it may be said that in many points the etiology is similar to that of sclerema. It occurs also in premature infants placed under bad hygienic conditions, and most probably cold has a powerful effect in leading to the renal, cardiac, and pulmonary states, which are so often associated with it.

Diagnosis.—If attention be paid to the clinical features which have been enumerated, the diagnosis between sclerema and œdema ought not to be difficult. The possibility of sclerema being mistaken for tetanus neonatorum is not very great, for the rigidity of the limbs is never so great in the former, and the temperature curve in the latter will also serve to distinguish the two diseases. Œdema and erysipelas might possibly be mistaken for one another, and indeed œdema may occur during the course of erysipelas; but here also the condition of the temperature will serve as a diagnostic guide. From syphilitic roseola, œdema may be quickly differentiated by the result of anti-syphilitic treatment. It is possible that œdema neonatorum and general dropsy of the fœtus may be confounded; but the confusion is more likely to arise in medical literature than in medical practice. General dropsy is a disease of the fœtus, not of the infant. The observations of Smith and Birmingham seem to show that it is due to absence of the thoracic duct, and of the lymphatics of the mesentery and skin.

Prognosis.—The prognosis is grave in both diseases, very few scleremic or œdemic infants recovering; but occasionally a case of recovery is reported in the medical papers.

Treatment.—In both diseases the infant affected should be placed in an incubator. Friction with a stimulating liniment is indicated, as is also "*gavage.*" In cases of œdema, where there is suppression of urine, it would be well to try the effect of digitalis fomentations to the loins, and of diurétics internally. In conclusion, the hope may be expressed that with a fuller knowledge of the physiology and pathology of the new born infant, these two diseases, at present so fatal, may become more amenable to treatment. At the same time, it is well to remember that probably the diseased process is in both affections initiated *in utero.*—*British Medical Journal.*

SPANISH TRANSLATIONS.

By Dr. W. F. Hutchinson.

From the *Cronica Medico-Quirurgica de la Habana.*

We find, in the April number of this excellent magazine, notes of the beginning of the formation of new medical societies in Cuba, as follows:

Medical Cantons.—Under this name there is begun an organization in different parts of this city and island, of doctors, druggists, and qualified midwives, with the scientific intent of exchanging views upon prevalent diseases of their respective localities, oral or written, in order to draw closer fraternal relations, sink ill feeling, and elevate medical morals.

Thus far, two of these cantons have been formed, with a membership of eighteen physicians, and one graduated midwife.

The convenience and usefulness to all medical classes of drawing more closely the bonds that unite them, in obedience to the grand proverb, "all for one and one for all," becomes every day more feasible.

It has been a felt and acknowledged necessity for a long time; and, reflecting upon the occasional bad feeling among doctors—which is, of itself, a disintegrating element—we believe that any means that can be taken to oppose this cause that is injuring our societies, will make less difficult and futile our struggle for existence.

With the end of reaching this cohesion, and uniting different views, we have before spoken of the need for medical schools; but, to-day, according to the best opinions, and for strong reasons, it is thought best to depend upon medical societies, and, in consonance with this idea, these medical cantons have now arisen. If enthusiasm does not fail; if their example shall be followed by the formation of a great medical confederation in Cuba, there will come an advance of science and an increase of moral and material well-being of the profession.

In our judgment, the idea of these cantons is a happy one, and merits general support, because they, if they succeed as in the grand North American republic, will facilitate our mutual relations, and permit us to arrive at a final end of our constant labors—the unity of medical people.

Thus, with a perfect conscience of what we owe to each other; with our energies concentrated, we shall increase the respect that we receive, conserve our rights, and be able to defend ourselves against misfortune from above, and abuse from below.

With a confederation for good, we shall be enabled to draw away the cloak that covers hypocrites and charlatans.

The *Cronica* offers now, as always, its aid and support to those modest colleagues of ours in the surrounding towns and provinces, to enable them to follow our good example, and organize themselves into cantons, which shall be the base of the grand medical confederation of the island of Cuba.

Aristol has been employed by Brocq in a case of facial epithelioma, in the ulcerating stage. Aristol was applied in powder. In five or six days it was evident that cicatrization was progressing with the greatest rapidity. Twenty daily applications and two light curettings of the margins of the neoplasm have been followed by a cicatrization which is practically complete. This result far excels any obtained from iodoform, resorcin, iodol, salol, or chlorate of potash. Over the latter it has the further advantage of not being painful.—*Le Bulletin Méd.*

DUBOUSQUET-LABORDERIE reports three hundred cases of whooping-cough treated by antipyrine. Improvement resulted in every case, and a cure in nearly all. He recommends large doses (up to 45 grains per diem), except where there is acute pulmonary inflamation.

IN a case of severe headache, following a blow on the skull, Terrillon applied the trephine, after other means had failed, over the seat of pain. The button of bone removed was one centimeter and a half thick. The dura was opened and the subjacent parts found normal. Relief, and finally a cure, was the result.
—*Le Bulletin Méd.*

LACK OF SYMMETRY IN THE EYES.—When the average man or woman comes to be fitted with the first pair of glasses, some curious discoveries are made. Seven out of ten have stronger sight in one eye than the other. In two cases out of five, one eye is out of line. Nearly one-half the people are color-blind to some extent, and only one pair of eyes out of every fifteen are all right in all respects.

INTERNAL ANTISEPSIS.—The following quotation, from an editorial in the *Journal of the American Medical Association*, touches upon a matter we have most earnestly endeavored to bring to the attention of the medical profession. It is our belief that the study of the effects of micro-organisms and their products within the human organism opens up to us the most brilliant prospect ever dreamed of in the history of medicine:

"Why this sad neglect to utilize in medicine the principles so long and so successfully applied to surgery and obstetrics? It is possible that parasitism in other animals, and in plants, has not been studied enough to deduce those general principles, the understanding of which is necessary to the proper indications for the treatment of the infectious diseases. It is possible that the serious and fatal consequences of syphilis, tuberculosis, typhoid fever, and the acute infectious diseases of children, are due rather to secondary infection with facultative parasites, or secondary invasion with putrefactive bacteria, than to the primary infection by which the nosological appellation is selected. It is possible that the prevention of the infectious diseases is the only hope of medicine, as the prevention of wound diseases is the boast of surgery. It is possible that the hint given in the teachings and practice of Jenner has been too long untried in other diseases, and that the utilization of the principle on which immunity is derived in small-pox may cause a number of the contagious diseases to disappear from the civilized world. It is possible that too much attention has been paid to specific bacteriology, and that a closer relation must be established between mycological, pathology, and physiology before a fruitful issue can be expected. It is possible that the teachings of the German investigators must be transplanted away from all personal prejudice and bias, and among physicians who are renowned the world over as practical 'doctors,' before that advance will be made which is so much despaired of, though desired by all."

Medical News and Miscellany.

BISMARCK is said to be a morphine fiend.

RICHMOND is striving for an Emergency Hospital.

DR. A. REEVES JACKSON and wife sailed for Europe on May 8.

PARIS is to build an asylum for pregnant women, at a cost of $54,000.

THE First National Medical Congress of Japan convened last month.

THE Flower, Fruit, and Ice Mission has begun its work for the summer.

ERNEST B. SANGREE, M.D., has removed his office to 742 South Fifteenth street.

ON May 1, ground was broken for the Williamson school buildings, at Elwyn, Pa.

AT the Almshouse, in April, the 2,790 inmates required 7,580 prescriptions, costing $817.30.

DURING the past year 2,912 patients were treated at the Pennsylvania Hospital, of whom 2,313 were free.

DR. J. R. CUMMINGS, President of Northwestern University, Evanston, Ill., died, on May 7, of fatty heart.

AT the meeting of Bucks County Medical Society, Dr. Hiram Corson read a paper on Insane Asylum Management.

DR. THAYER has resigned the chair of Surgery in the Western Reserve University, and has gone South for his health.

THE Merritt Abbott Wilbur Memorial Pavilion for children, was presented to St. Luke's Hospital, Bethlehem, May 7.

PROF KEEN has resigned the lectureship upon anatomy, at the Academy of the Fine Arts, and will be succeeded by Dr. George McClellan.

DR. J. A. CLOSE becomes Professor of Practice in the St. Louis College of Physicians and Surgeons, while Dr. Pardue takes the chair of Therapeutics.

THE French propose to relieve the overcrowded hospitals of Paris by sending patients to the hospitals in small towns, where there are many empty beds.

AFTER fourteen years' effort, the students of the Belfast Medical School have succeeded in obtaining access to the rich clinical material of the Belfast Union Infirmary.

DRS. J. L. DEEMY and P. R. Cleaver have been elected Resident Physicians of the Medico-Chirurgical Hospital. Both are graduates of the Medico-Chirurgical College.

MR. WARNE has returned from a trip to Bermuda, with renewed health. Hereafter our subscription department will be in a more satisfactory condition. The work of a great journal is so exacting that the illness of the head of any department results in a certain amount of confusion and delay.

AN Australian physician recommends flute-playing as a cure for phthisis. The question as to whether the flute-playing is not the worse affliction is to be submitted to the patient's neighbors.

LA GRIPPE is alleged to have worked a cure in seven of the inmates of the insane asylum at Westboro, Mass. On the other hand, four cases were admitted, whose insanity was attributed to the influenza.

VERILY, the gullibility of the Briton is boundless. We learn from the *Hospital Gazette* that America has evolved a new specialist, who transplants a tooth from the lover's jaw to that of his Dulcinea, and *vice versa!*

THE Germantown Hospital admitted 32 cases during April, had 1 death, and made 17 ambulance calls. In this dispensary 666 cases were treated. Dr. A. H. Cleveland has been elected senior resident, Dr. R. H. Bolling and Dr. Harlan, juniors.

WE want several copies of THE TIMES AND REGISTER for March 15 and March 22, 1890. If any of our readers will send us either of these numbers, we will send in return a copy of Rohrer's Chart of Ear Diseases; or for both, a Dermatograph.

FOUR cases of alleged poisoning by canned peas occurred at Falls of Schuylkill on Tuesday, April 29. As two of the patients did not develop toxic symptoms until three days after the peas were eaten, it is unlikely that they were at fault.

AT the Convention which is revising the Pharmacopœia, at Washington, Dr. H. C. Wood has been elected President; W. S. Thompson, D. W. Prentiss, J. M. Flint, A. E. Ebert, and J. W. M. Searcy, Vice-Presidents; H. A. Hare and G. H. C. Klie, Secretaries.

A PHYSICIAN of this city, while endeavoring to pass a celluloid catheter through his stricture, had the misfortune to break off the end of the instrument while deeply imbedded in the urethra. We mention this incident to draw attention to the dangerous character of this instrument.

ON May 14, Dr. C. H. Mann, of Bridgeport, Pa., lectures upon the "Care of New-born and Young Infants," in the First Presbyterian Church, at Norristown. This lecture is part of the Course on Nursing and Hygiene, delivered under the auspices of the Montgomery County Medical Society.

THERE is really very little for the physician to do nowadays, the surgeon having kindly relieved him of the necessity of existing. A French operator is said to have made a radical cure in a case of corpulence, by raising the skin and cutting away several pounds of the abdominal fat. *Pourquoi non?*

CHARLES BURNS, architect, 717 Walnut street, has completed plans for the extension of the Medico-Chirurgical Hospital, between Seventeenth and Eighteenth, on Cherry street. It will be five stories high, ornamental stone front and brick, slate roof, fire escapes, steam heat, one elevator, dumb waiters, electric work and sanitary plumbing.

OF the six hundred railway corporations in the United States, three hundred and seventy-seven forbid the use of liquor by their employés; nineteen maintain beneficiary institutions, and a few pay hospital expenses for employés injured while on duty. Three or four contribute to relief funds; several furnish club-houses and libraries, and a large number assist in securing life or accident insurance.

A PAWNBROKER in Glasgow leaves $2,500 to establish gratuitous dental aid to the poor. The first condition is that patients are always to be addressed kindly; they are to be asked no unnecessary questions and to understand that extracting their teeth is an act of gracious loving regard, not a charity.

Peace to his ashes. May his own moral infirmities be treated with the same tenderness.

EVEN the worm is said to turn at last, and the *Medical Record* follows its example, with a vigorous rejoinder to the man who writes illegibly and then grumbles because his name is misspelled. Getting thus into the proper temper, he follows with a slap at the other man, who sends his MSS. in a roll, and winds up with: "Some of our exchanges even come in that shape. They ought to be ashamed of themselves."

TWENTY-SIX applicants out of forty-four passed the examination of the Virginia Board last month. Among them was Dr. P. B. Barringer, who succeeds the late Dr. Cabell as Professor of Surgery and Physiology in the University of Virginia. Dr. Nelson becomes Lecturer on Surgery at the same school, and is succeeded in the Presidency of the Examining Board by Dr. H. M. Taylor, of Richmond. Dr. P. A. Irving was elected Secretary and Treasurer. The next meeting will be in September, at Rockbridge Alum Springs.—From *Practice.*

SOME of our exchanges show a disposition to be captious when their esteemed contemporaries annex the choice products of their cerebrations without acknowledgment. There is a class of publications, half popular, half professional, that subsist on the produce of their incursions into the regular medical journals. Small items are their meat; translations their steady diet, while "short abstracts" that take hours to prepare, they take as a light lunch between meals. The best way to deal with these pilferers is to drop them from the exchange list, compelling them to subscribe or reform.

THE CITY'S HEALTH.—During the week ending May 3, the following were the principal causes of death reported:

Phthisis	52
Pneumonia	41
Heart disease	33
Convulsions	16
Cancer	15
Old age	15
Marasmus	14
Inflammation of stomach and bowels	13
Typhoid fever	12
Bronchitis	11
Apoplexy	10
Bright's Disease	10
Inflammation of brain	10
From all causes	367

This is a decrease of 64 from the preceding week, and of 35 from the corresponding week of 1889.

We beg the indulgence of our readers for a bit of self-gratulation, for which we have the following reasons: Our subscription list exhibits a steady growth, in spite of the fact that we send out scarcely any sample copies. Never before in the history of the journal has the number and quality of the articles contributed equalled what we now have on hand. Our advertising pages speak for themselves. Our principle of excluding articles we have reason to believe intrinsically bad, or unsuitable for our readers' use, has given us a class of steady, reliable firms, with whom business dealings are a pleasure, and whose goods we have no fear of recommending.

The William F. Jenks Memorial Prize.—The second triennial prize, of $450.00, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on The Symptomatology and Treatment of the Nervous Disorders Following the Acute Infectious Diseases of Infancy and Childhood.

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with obstetrics or the diseases of women, or the diseases of children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward; provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or, if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1892, addressed to Louis Starr, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Idiopathic Gangrene.—Thirteen cases examined by Haga (*Sei-i-kwai*) proved to be due to arteritis obliterans, of syphilitic origin.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from April 20, 1890, to May 3, 1890.

By direction of the Secretary of War, First Lieutenant Nathan S. Jarvis, Assistant-Surgeon, is relieved from duty at Camp Wade, Kingfisher, Indian Territory, to take effect on the expiration of his present leave of absence, and will report in person to the commanding officer, Fort Verde, Arizona Ty., for duty at that station. S. O. 102, par. 12, A. G. O., May 1, 1890.

War Department, Washington City, April 26, 1890. By direction of the President, Captain John De B. W. Gardiner, Assistant-Surgeon, will report in person to Brigadier-General Wesley Merritt, President of the Retiring Board, at Fort Leavenworth, Kansas, for examination by the Board. S. O. 99, par. 4, A. G. O., April 28, 1890.

By direction of the Secretary of War, leave of absence for one month and fifteen days is granted Lieutenant-Colonel James C. McKee, Surgeon. S. O. 98, par. 4, A. G. O., April 26, 1890.

By direction of the Secretary of War, the ordinary leave of absence granted Captain Louis A. La Garde, Assistant-Surgeon, in Orders No. 70, Current Series, Fort Assinniboine, Montana, is changed to a sick-leave, and the extension of said leave, on surgeon's certificate of disability, granted him in Special Orders No. 43, April 14, 1890, Department of Dakota, is further extended one month on surgeon's certificate of disability. S. O. 97, par. 5, A. G. O., April 25, 1890.

By direction of the Secretary of War, Major Robert H. White, Surgeon, now on duty at Fort Myer, Virginia, will report in person to the superintendent of the U. S. Military Academy, West Point, New York, for temporary duty as Post-Surgeon during the absence of Major Henry McElderry, Surgeon, as a member of the Army Medical Board, New York City. Upon the return of Major McElderry to duty at West Point, Major White will return to his proper station. Par. 4, S. O. 94, Hdqrs. of the Army, A. G. O., April 22, 1890.

By direction of the Secretary of War, the following changes of stations of officers of the Medical Department are ordered:

Kilbourne, Henry S., Captain and Assistant-Surgeon. From Vancouver Barracks, Washington, to Willet's Point, New York.

Gray, William W., Captain and Assistant-Surgeon. From Fort Maginnis, Montana, to Fort Sherman, Idaho.

Banister, John M., Captain and Assistant-Surgeon. From Fort Sherman, Idaho, to Fort Stanton, New Mexico.

S. O. 93, par. 1, A. G. O., April 21, 1890.

Leave of absence for twenty-five days, to commence on or about May 2, 1890, is hereby granted Captain Henry S. Raymond, Assistant-Surgeon (Newport Barracks, Ky.) S. O. 91, par 5, Division of the Atlantic, April 19, 1890.

Upon surgeon's certificate of disability, leave of absence for twenty-three days, on account of sickness, is granted Captain Louis A. La Garde, Assistant-Surgeon, in extension of leave of absence for seven days, granted him by Orders No. 70, Fort Assinniboine, Montana, with permission to apply to the Adjutant-General of the Army for an extension of one month, on surgeon's certificate of disability. S. O. 43, par. 4, Dept. of Dakota, April 14, 1890.

Changes in the Medical Corps of the U. S. Navy for the week ending May 3, 1890.

Woolverton, T., Medical Inspector. Detached from Navy Yard, Washington, D. C., and wait orders.

Beardsley, G. S., Medical Inspector. Ordered to the Navy Yard, Washington, D. C.

Harvey, H. P., Surgeon. Detached from the "Ranger," proceed home, and wait orders.

Heffenger, A. C., Passed Assistant-Surgeon. Ordered to the "Ranger."

Gaines, J. H., Surgeon. Detached from Hospital, Hot Springs, Ark., and granted sick-leave.

Spratling, L. W., Assistant-Surgeon. Ordered to Hospital at Hot Springs, Ark.

Bogert, E. S., Jr., Assistant-Surgeon. Ordered to the "Vermont."

Olcott, F. W., Assistant-Surgeon. Ordered for examination, preliminary to promotion.

Auzal, E. W., Passed Assistant-Surgeon. Detached from the "Yantic," and resume duty on board the "Galena."

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Clamp and cautery operations for hæmorrhoids, Gibbs. Brit. Med. Jour.
Convulsive seizures, Jackson. Lancet; Brit. Med. Jour.
Congenital sacculations and cystic dilatations of veins. Lancet.
Causation of pneumonia, Syers. *Ibid.*
Chronic lobar pneumonia, pathology of, Auld. *Ibid.*
Cerebral lesions, Pitt. Br. Med. Jour., April 12, 1890.
Cancer of the larynx, Johnson. Jour. Amer. Med. Ass'n.
Cholera in Mesopotamia and Persia during 1889. Practitioner.
Du traitement chirurgical des hernies inguinales congenitales, Berger. La Med. Moderne, 10 Avril, 1890.
De l'oxygene actif, Hardy. *Ibid.*
Duodenite, Lesage. La France Med., 11 Avril, 1890.
Dyspepsia, McPhedran. Kan. City Med. Rec., April, 1890.
Dislocation of radius and ulna at elbow, incomplete inward, Stifel. Jour. of Amer. Med. Ass'n, April 26, 1890.
Despre canceral uterin, Assaky. Clinica, 1 Aprilie, 1890.
Dermatophilus penetrans de los paises calidos, Coronado. Cron. Med.-Quirur. de la Habana.
Du poison cholerique, Winter et Lesage. Le Bull. Med., 9 Av.
Epidemie de grippe, Philippe. Jour. de Med. de Bordeaux.
Ectopic gestation, three cases, Holmes. Can. Pract. Ap. 16.
Epulis, five cases, Rogers. Memphis Jour. of Med. Sc., April.
Exalgine as an analgesic. Stewart. Montr. Med. Jour., April.
Estado mental de los epilepticos, Lopez. Cron. Med.-Quirur.
Echolalie et echokinesie hysterique, Voisin. Le Bull. Med.
Embryotomie pratiquée à l'aide des ciseaux de Dubois, Franc. Jour. de Med. de Bordeaux, 6 Avril, 1890.
Ernia inguinale libera a dritta con ectopia del testicola in un individuo a 23 anui, Guarigione. La Rif. Med., 26 Marzo.
Fistula in phthisis. Brit. Med. Jour., April 12, 1890.
Folie musculaire, Harrigan. Weekly Med. Rev.
Germs, Clark. Cincin. Med. News, March, 1890.
Galvanic current as laxative, Shoemaker. J. Am. Med. Ass'n.
Growths of naso-pharynx, anæsthetics in operation for, Davis. British Med. Jour.
Glycerinum saponatum als Vehikel zur Aufnahme verschiedener Medicamente, Hebra. Int. Klin. Rundschau, 13 April.
Hemorragie intestinale chez un nouveau-né, mort, autopsie, Bourras et Vaton. Jour. de Med. de Bord., 13 Avril, 1890.
Hip-diseases, treatment of, McKenzie. Can. Pract., April 16.
Hydrochloric acid poisoning, Duncan. Lancet, April 12, '90.
Hæmaturic cinchonism, Barton. Cin. Med. Jour., April 15.
Hydrophobia, probable case, Mead. Boston M. and S. Jour.
Heart-beat and pulse wave, Roy and Adami. Practitioner.
Injections interstitielles d'ether iodoforme et ignipuncture dans le traitement des fongosites articulaires, Mesnard. Jour. de Med. de Bordeaux, 13 Avril, 1890.
Injury to head, death from otitic meningitis, Shapleigh. Am. Jour. Med. Sciences, May, 1890.
Idiotie myxœdemateuse, Bourneville. Arch. de Neur., Mars.
Indications for abdominal sections and details, Tait. Med. News, April 9, 1890.
Influenza, etiology and pathology, Thompson. Cin. Lancet-Clinic, April 19, 1890.
Iron in erysipelas, Crisler. Memphis Med. Monthly.
Intestinal obstruction, acute, and its treatment by abdominal section, Lloyd. Lancet, April 12, 1890.
Indian materia medica, Mootooswamy. Ind. Med. Gaz.
Influenza, rudimentare oder larvirte, Kuhn. Berl. Kl. Woch.
Il reperto del sangue nelle febbri malariche invernali, Celli and Marchiafava. La Rif. Med., 3 Aprile, 1890.
Is influenza a contagious or a miasmatic disease, Delepine. Practitioner.
Irregularities of jaws, of normal, idiotic, deaf and dumb, blind and insane persons, Talbot. Jour. Am. Med. Ass'n. Ap. 19.
Kontagiositat der Tuberkulose, Rompler. Deut. Med. Ztg.
La moelle epiniere, Francotte. Arch. de Neurol., Mars. 1890.
Les fonctions du cerveau, Soury. *Ibid.*
La rubeole et la roseole, Talamon. La Med. Mod., 10 Avril.
Localized peritonitis, Wallace. Med. Press, April 9, 1890.
La natura et l'etiologie du tetanos, sur la, Verhoogen et Baert. Jour. de Med., 20 Février, 1890.
L'hygiene des prisons, Delabost. La Norm. Med., 15 Avril.
Labor in a Robert's pelvis, Haven. Boston Med. Surg. Jour.
La phagocytose et le bacille de Koch. La Trib. Med., 10 Avr.
Leprosy in the Hawaiian kingdom, Emerson. Practitioner.
Medico-legal relations of shock, Mayor. Med.-Leg. Jour.
Methacetin, Seidler. Berl. Klin. Wochensch., 14 April, 1890.
Malformatiune a organelor sexuale, femeesci priu oprire de desoltare, Assaky. Clinica, 1 Aprilie, 1890.
Mental weakness from enchondroma of septum nasi, Porcher. Jour. Amer. Med. Ass'n, April 19, 1890.
Naturaleza infecciosa del tetanos, Pla. Cronica Med.-Quirur.
Nasal diseases on the ear, Shapleigh. Weekly Med. Review.
Note sulla malattia di Parkinson ed atropina, Moretti. La Rif. Med., 27 Marzo, 1890.
Outbreak of illness from eating poisonous pork. Practitioner.
Prophylaxis of tuberculosis, Ruck. Therap. Gaz., April 15.
Paralysis of ocular muscles in congenital syphilis, Lawford. Ophthal. Rev., April, 1890.
Pendent limb in treatment of joint-diseases of lower extremity, Judson. Med. Rec., April 26, 1890.
Pathology of death by electricity, Doulin. Med.-Legal Jour.
Palmistry, modern, and the hands, Neuhaus. Cin. Med. Jour.
Post-hemiplegische Hemichorea in Folge einer syphilitischen Hirnhautentzündung bei einem Kinde, Rubino. Internat. Klin. Rundschau, 13 April, 1890.
Periostitis des Oberkiefers in directem Zusammenhange mit Influenza, Moser. Berl. Klin. Woch., 14 April, 1890.
Pes valgus, Pes varus und das biologische Grundgesetz, Arndt. Wiener Med. Presse, 13 April, 1890.
Psoriasis, current method of treating, Kobert. Practitioner.
Relationship between eruption of permanent teeth and ailments of late childhood, Starr. Ther. Gaz., April 15, 1890.
Rupture of membrana tympani by condensed air, Bellows. Kansas City Med. Rec., April, 1890.
Removal of nerve pressure as a cause of pain, Wells. Lancet.
Retroversion of gravid uterus, Bramwell. *Ibid.*
Ruptures of spleen, complicated, Mackenzie. Ind. Med. Gaz.
Reichert's hæmometer, Gaertner. Am. Micros. Jour.
Shortening of femur from epiphysial inflammation, Young. Am. Jour. Med. Sciences, May, 1890.
Stereoscopic effect and its application, Berry. Ophthal. Rev.
Second Hyderabad Chloroform Commission. Ind. Med. Gaz.
Sclerodermie gangreneuse, Gibert. La Norm. Med., 15 Avril.
Sulla resistenza del virus tetanico agli agenti chimici e fisici, Tizzonie Cattani. La Rif. Med., 10 Aprile, 1890.
Sulla cura chirurgica delle malattie delle ossa ed articolazioni, Ceccherelli. *Ibid.*, 11 Aprile, 1890.
Sulla virulenza delle capsule surrenali del coniglio, nella rabbai, Bombicci. *Ibid.*, 5 Aprile, 1890.
Sull' allattamento artificiale, Pane. *Ibid.*, 4 Aprile, 1890.
Sul cancro dello stomaco, Bruschini. *Ibid.*, 7 Aprile, 1890.
Sui sintomi iniziali della tabe dorsale. *Ibid.*, 25 Marzo, 1890.
Should penetrating wounds of chest be closed? Faison and Hill. N. C. Med. Jour., April, 1890.
Surgery of the spine, White. J. Am. Med. Ass'n, Ap. 19, '90.
Surgical diseases of women, Borck. *Ibid.*
Treatment of puerperal hemorrhages, Hurd. Ther. Gaz., Apr.
Trephining for fracture of base of skull, Warren. A. J. M. Sci.
Tubercle bacillus, Gibbes. *Ibid.*
Traitement des calculs biliaires par l'huile d'olive, Valin. L'Union Med. du Canada, April, 1890.
Trismus nascentium, Williams. J. Am. Med. Ass'n., Ap. 26.
Tin poisoning caused by tinned cherries, Luff. Brit. Med. Jour.
Tuberculosa in raport cu unele profesiuni, Kalenderu. Clinica,
Teeth of several races, Betty. Dental Rev., April 5, 1890.
Ueber die Erscheinungen und Komplikationen von Seiten der Respirationsorgane im Verlauf der Influenza-Epidemie, Sokolowski. Intern. Klin. Rundschau, 13 April, 1890.
Ueber Verbiegungen der Nasenscheidewand bei Neugeborenen, Patrzek. *Ibid.*, 6 April, 1890.
Ueber palpable Nieren, Kuttner. Berl. Klin. Woch., 14 Ap.
Un caso de muermo agudo, Davalos. Clinica Med.-Quirur.
Ueber die therapeutische und gerichtlich-medicinische Bedeutung der Hypnose, Danillo. Wien. Med. Presse, 6 Ap.
Ueber die pilztödtende Wirkung des frischen Harns des gesunden Menschen, Lehmann. Centralblatt f. Bakterien- u. Parasitenkunde, 5 April, 1890.
Vesico-utero-vaginal fistula, Coe. Am. Jour. Med. Sc., May.
Zur Behandlung kontrarer Sexualempfindung durch hypnotische Suggestion, Freiherrn. Int. Klin. Rundschau, 13 Ap.
Zur Lehre v. der Fettresorption, Minkowski. Berl. Kl. Woch.
Zur Geschichte d. Herzinnervation, Dogiel. Cent. Med. Wiss.
Zur Therapie des Schuhdruckes und dessen Folgeübel, Romich. Wiener Med. Presse, 13 April, 1890.
Zur Behandlung der Empyeme, Immermann. Wiener Med. Blatt, 17 April, 1890.
Zur Casuistik der Fremdkörperverschluckung, Schmolka. Prager Med. Woch., 16 April, 1890.
Zur Aetiologie der Diphtherie, Klein. Central. f. Bakter. u. Parasitenkunde, 14 April, 1890.
Zur Kasuistik der Herpes gutturalis, Kahn. Int. Klin. Rund.